



SELLER'S RESIDENTIAL REAL ESTATE SALES DISCLOSURE

State Form 46234 (R6/ 6-14)

Date (month, day, year)

05/24/2017

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)

10468 Mohawk Trail, Indianapolis, IN 46234

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cistern	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Septic Field/Bed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot Tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aerator System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater/Electric	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater/Solar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Purifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Air Conditioner(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic and Holding Tank/Septic Mound	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV Antenna/Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Geothermal and Heat Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Sewer System (Exp/ain)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool & Pool Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Property address (number and street, city, state, and ZIP code)

10468 Mohawk Trail, Indianapolis, IN 46234

2. ROOF		YES	NO	DO NOT KNOW	4. OTHER DISCLOSURES		
Age, if known: Years.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do structures have aluminum wiring?		
Does the roof leak?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any foundation problems with the structures?		
Is there present damage to the roof?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any encroachments?		
Is there more than one layer of shingles on the house?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any violations of zoning, building codes, or restrictive covenants?		
If yes, how many layers? _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the present use a non-conforming use? Explain:		
Roof replacement scheduled in 2 weeks		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. HAZARDOUS CONDITIONS		YES	NO	DO NOT KNOW			
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the access to your property via a private road?		
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the access to your property via a public road?		
Has there been manufacture of methamphetamine or dumping of waste from the manufacture of methamphetamine in a residential structure on the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the access to your property via an easement?		
Explain:					Have you received any notices by any governmental or quasi-governmental agencies affecting this property?		
					Are there any structural problems with the building?		
					Have any substantial additions or alterations been made without a required building permit?		
					Are there moisture and/or water problems in the basement, crawl space area, or any other area?		
					Is there any damage due to wind, flood, termites, or rodents?		
					Have any structures been treated for wood destroying insects?		
					Are the furnace/woodstove/chimney/flue all in working order?		
					Is the property in a flood plain?		
					Do you currently pay flood insurance?		
					Does the property contain underground storage tank(s)?		
					Is the homeowner a licensed real estate salesperson or broker?		
					Is there any threatened or existing litigation regarding the property?		
					Is the property subject to covenants, conditions and/or restrictions of a homeowner's association?		
					Is the property located within one (1) mile of an airport?		
<p>E. ADDITIONAL COMMENTS AND/OR EXPLANATIONS: (Use additional pages, if necessary)</p> <p>Roof damaged by recent wind storm. Scheduled for replacement for 2-3 weeks of listing date.</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	<i>Timothy Lathrop</i>		dotloop verified 05/24/17 4:51PM EDT QQOZ-VPHZ-FLX2-XJ0D	Signature of Buyer			
Signature of Seller	<i>Darren Kemper</i>		dotloop verified 05/24/17 9:04PM EDT UL9V-B7JA-9FS0-9A57	Signature of Buyer			
<p>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.</p>							
Signature of Seller (at closing)				Signature of Seller (at closing)			

Form #03.



<i>Jill Kemper</i>

