

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance  
Pursuant to IC 6-1.1-5.5

SDF ID

C06	2010	0003771
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County Year Unique ID

SDF Date: 07/15/2010

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

**PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR****A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

1. Property Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 06-08-22-000-044.009-005 003-09910-02	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	3080 HUDDERSFIELD LN ZIONSVILLE, IN 46077	3080 HUDDERSFIELD LN ZIONSVILLE, IN 46077

7. Legal Description of Parcel A: THE WOODS AT HUDDERSFIELD PT OF LOT 2 1.86 ACRES

B.)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement		
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7. Legal Description of Parcel B:

**B. CONDITIONS - IDENTIFY ALL THAT APPLY****C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15**

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. A transfer of real property interest for valuable consideration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Buyer is an adjacent property owner.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Vacant land.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Exchange for other real property ("Trade").
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Seller paid points. (Provide the value Table C Item 12.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Change planned in the primary use of the property? (Describe in special circumstances in Table 3 Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Existence of family or business relationship between buyer and seller.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Land contact. Contract term (YY): 0 and contract date (MM/DD/YYYY):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Personal property included in transfer. (Provide the value Table C Item 5.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Partial interest. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Easements or right-of-way grants.

1. Conveyance date (MM/DD/YYYY): 07/15/2010

2. Total number of parcels: 1

3. Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

YES NO CONDITION

  4. Family or business relationship existing between buyer and seller?  
Amount of discount: 0.00

Disclose actual value in money, property, a service, an agreement, or other consideration.

If conditions 13-15 apply, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

5. Estimated value of personal property: \$0.00

6. Sales price: \$685,000.00

YES NO CONDITION

  7. Is the seller financing sale? If yes, answer questions (8-13).  8. Is buyer/borrower personally liable for loan?  9. Is this a mortgage loan?

10. Amount of loan: \$0.00

11. Interest rate: 0.0000

12. Amount in points: \$0.00

13. Amortization period: 0

**D. PREPARER**

MELINDA BLATHER

*Preparer of the Sales Disclosure Form*

40 EXECUTIVE DR STE A

*Address (Number and Street)*

CARMEL, IN 46032

*City, State, and ZIP Code*

CLOSER

*Title*

FIRST AMERICAM TITLE INS CO

*Company*

*Telephone Number*

*E-mail*

**E. SELLER(S)/GRANTOR(S)**

PAUL NASIR

*Seller 1 - Name as appears on conveyance document*

3080 HUDDERSFIELD LANE

*Address (Number and Street)*

ZIONSVILLE, IN 46077

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

*Seller 2 - Name as appears on conveyance document*

*Address (Number and Street)*

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

**Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".**

*Signature of Seller*

07/19/2010

*Printed Name of Seller*

*Sign Date (MM/DD/YYYY)*

*Signature of Seller*

*Printed Name of Seller*

*Sign Date (MM/DD/YYYY)*

**F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY**

CORPORATE RELOCATION INC CORPORATE RELOCATION INC

*Buyer 1 - Name as appears on conveyance document*

3080 HUDDERSFIELD LN

*Address (Number and Street)*

ZIONSVILLE, IN 46077

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

*Buyer 2 - Name as appears on conveyance document*

*Address (Number and Street)*

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

**THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY.**

**YES NO CONDITION**

- 1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

2325 E BELT LINE RD

*Address (Number and Street)*

CARROLLTON, TX 75006

*City, State, and ZIP Code*

*County*

- 2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

*Address (Number and Street)*

*City, State, and ZIP Code*

*County*

**YES NO CONDITION**

- 3. Homestead
- 4. Solar Energy Heating/Cooling System
- 5. Wind Power Device
- 6. Hydroelectric Power Device
- 7. Geothermal Energy Heating/Cooling Device
- 8. Is this property a residential rental property?
- 9. Would you like to receive tax statements for this property via e-mail?  
*(Provide contact information below. Please see instructions for more information. Not available in all counties.)*

*Primary property owner contact name*

*E-mail*

**Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)**

*Signature of Buyer 1*

07/15/2010

*Printed Legal Name of Buyer 1*

*Sign Date (MM/DD/YYYY)*

*Last 5 digits of Buyer 1 Driver's License/ID/Other Number*

*State Last 5 Digits of Social Security Number*

*Signature of Buyer 2/Spouse*

*Printed Legal Name of Buyer 2/Spouse*

*Sign Date (MM/DD/YYYY)*

*Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number*

*State Last 5 Digits of Social Security Number*

**PART 2 - COUNTY ASSESSOR**

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A.)	\$229,300	\$1,012,300		\$1,241,600	510	3597	003	1.860
B.)								

Assessor Stamp	10. Identify physical changes to property between March 1 and date of sale.	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 07/15/2010		
		14. Date form received (MM/DD/YYYY): 02/03/2012		

Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale.	YES	NO	CONDITION
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Sale valid for trending?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Validation of sale complete?
	18. Validated by: JW		

**PART 3 - COUNTY AUDITOR**

Auditor Stamp	1. Disclosure fee amount collected: \$10.00 2. Other Local Fee: \$5.00 3. Total Fee Collected: \$15.00 4. Auditor receipt book number: 39321 5. Date of transfer (MM/DD/YYYY): 02/03/2012	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Is form completed?
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. State sales fee required?
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Attachments complete?

**PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION**

SDF ID	SDF Date (MM/DD/YYYY)
Parcel Number	Buyer 1 - Name as appears on conveyance document
Check all that apply: <input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Rental Property <input type="checkbox"/> Electronic Statement (e-mail)	Address of Property (Number and Street)
	City, State, and ZIP Code of Property
	Auditor Signature
Date (MM/DD/YYYY)	

A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance  
Pursuant to IC 6-1.1-5.5**SDF ID**

C06	2012	0003770
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County Year Unique ID

SDF Date: 01/18/2012

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

**PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR****A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

1. Property Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 06-08-22-000-044.009-005 003-09910-02	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	3080 HUDDERSFIELD LN ZIONSVILLE, IN 46077	3080 HUDDERSFIELD LN ZIONSVILLE, IN 46077

7. Legal Description of Parcel A: THE WOODS AT HUDDERSFIELD PT OF LOT 2 1.86 ACRES

B.)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement		
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7. Legal Description of Parcel B:

**B. CONDITIONS - IDENTIFY ALL THAT APPLY****C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15**

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. A transfer of real property interest for valuable consideration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Buyer is an adjacent property owner.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Vacant land.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Exchange for other real property ("Trade").
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Seller paid points. (Provide the value Table C Item 12.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Change planned in the primary use of the property? (Describe in special circumstances in Table 3 Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Existence of family or business relationship between buyer and seller.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Land contact. Contract term (YY): 0 and contract date (MM/DD/YYYY):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Personal property included in transfer. (Provide the value Table C Item 5.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.)
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Easements or right-of-way grants.

1. Conveyance date (MM/DD/YYYY): 01/18/2012

2. Total number of parcels: 1

3. Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

**YES NO CONDITION**
  4. Family or business relationship existing between buyer and seller?  
 Amount of discount: 0.00

Disclose actual value in money, property, a service, an agreement, or other consideration.

If conditions 13-15 apply, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

5. Estimated value of personal property: \$0.00

6. Sales price: \$685,000.00

**YES NO CONDITION**  7. Is the seller financing sale? If yes, answer questions (8-13).  8. Is buyer/borrower personally liable for loan?  9. Is this a mortgage loan?

10. Amount of loan: \$0.00

11. Interest rate: 0.0000

12. Amount in points: \$0.00

13. Amortization period: 0

**D. PREPARER**

MELINDA BLATHER

*Preparer of the Sales Disclosure Form*

40 EXECUTIVE DR STE A

*Address (Number and Street)*

CARMEL, IN 46032

*City, State, and ZIP Code*

CLOSER

*Title*

FIRST AMERICAM TITLE INS CO

*Company*

*Telephone Number*

*E-mail*

**E. SELLER(S)/GRANTOR(S)**

CORPORATE RELOCATION INC CORPORATE RELOCATION INC

*Seller 1 - Name as appears on conveyance document*

2325 EAST BELT LINE ROAD

*Address (Number and Street)*

CARROLLTON, TX 75006

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

*Seller 2 - Name as appears on conveyance document*

*Address (Number and Street)*

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

**Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".**

*Signature of Seller*

01/18/2012

*Printed Name of Seller*

*Sign Date (MM/DD/YYYY)*

*Signature of Seller*

*Printed Name of Seller*

*Sign Date (MM/DD/YYYY)*

**F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY**

JOHN MOORE

*Buyer 1 - Name as appears on conveyance document*

3080 HUDDERSFIELD LN

*Address (Number and Street)*

ZIONSVILLE, IN 46077

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

*Buyer 2 - Name as appears on conveyance document*

*Address (Number and Street)*

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

**THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY.**

**YES NO CONDITION**

- 1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

*Address (Number and Street)*

*City, State, and ZIP Code*

*County*

- 2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

16201 CHANCELORS RIDGE WAY

*Address (Number and Street)*

WESTFIELD, IN 46062

*City, State, and ZIP Code*

Hamilton County

*County*

**YES NO CONDITION**

- 3. Homestead
- 4. Solar Energy Heating/Cooling System
- 5. Wind Power Device
- 6. Hydroelectric Power Device
- 7. Geothermal Energy Heating/Cooling Device
- 8. Is this property a residential rental property?
- 9. Would you like to receive tax statements for this property via e-mail?  
*(Provide contact information below. Please see instructions for more information. Not available in all counties.)*

*Primary property owner contact name*

*E-mail*

**Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)**

*Signature of Buyer 1*

01/18/2012

*Printed Legal Name of Buyer 1*

*Sign Date (MM/DD/YYYY)*

*Last 5 digits of Buyer 1 Driver's License/ID/Other Number*

*State Last 5 Digits of Social Security Number*

*Signature of Buyer 2/Spouse*

*Printed Legal Name of Buyer 2/Spouse*

*Sign Date (MM/DD/YYYY)*

*Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number*

*State Last 5 Digits of Social Security Number*

**PART 2 - COUNTY ASSESSOR**

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A.)	\$229,300	\$1,012,300		\$1,241,600	510	3597	003	1.860
B.)								

Assessor Stamp	10. Identify physical changes to property between March 1 and date of sale.	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 01/18/2012		
14. Date form received (MM/DD/YYYY): _____				

Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale.	YES	NO	CONDITION
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Sale valid for trending?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Validation of sale complete?
	18. Validated by: JW _____		

**PART 3 - COUNTY AUDITOR**

Auditor Stamp	1. Disclosure fee amount collected: _____ \$10.00	YES	NO	CONDITION
	2. Other Local Fee: _____ \$5.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is form completed?
	3. Total Fee Collected: _____ \$15.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. State sales fee required?
	4. Auditor receipt book number: _____ 39321	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Attachments complete?
	5. Date of transfer (MM/DD/YYYY): _____ 02/03/2012			

**PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION**

<p>SDF ID _____ SDF Date (MM/DD/YYYY) _____</p> <p>Parcel Number _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Homestead      <input type="checkbox"/> Solar Energy      <input type="checkbox"/> Wind Power</p> <p><input type="checkbox"/> Hydroelectric      <input type="checkbox"/> Geothermal      <input type="checkbox"/> Rental Property</p> <p><input type="checkbox"/> Electronic Statement (e-mail) _____</p>	<p>Buyer 1 - Name as appears on conveyance document _____</p> <p>Address of Property (Number and Street) _____</p> <p>City, State, and ZIP Code of Property _____</p> <p>Auditor Signature _____ Date (MM/DD/YYYY) _____</p>
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A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance  
Pursuant to IC 6-1.1-5.5**SDF ID**

C06	2014	0009392
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County Year Unique ID

SDF Date: 07/25/2014

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

**PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR****A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

1. Property Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 06-08-22-000-044.009-005 003-09910-02	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	3080 HUDDERSFIELD LN ZIONSVILLE, IN 46077	3080 HUDDERSFIELD LN ZIONSVILLE, AK 46077

7. Legal Description of Parcel A: THE WOODS AT HUDDERSFIELD PT OF LOT 2 1.86 ACRES

B.)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement		
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7. Legal Description of Parcel B:

**B. CONDITIONS - IDENTIFY ALL THAT APPLY**

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
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**C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15**

1. Conveyance date (MM/DD/YYYY): <u>07/25/2014</u>						
2. Total number of parcels: <u>1</u>						
3. Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.						
<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>CONDITION</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>4. Family or business relationship existing between buyer and seller? Amount of discount: <u>0.00</u></td> </tr> </tbody> </table> <p>Disclose actual value in money, property, a service, an agreement, or other consideration.</p>	YES	NO	CONDITION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Family or business relationship existing between buyer and seller? Amount of discount: <u>0.00</u>
YES	NO	CONDITION				
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YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

5. Estimated value of personal property:	\$0.00												
6. Sales price:	\$835,000.00												
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10. Amount of loan:	\$0.00												
11. Interest rate:	0.0000												
12. Amount in points:	\$0.00												
13. Amortization period:	0												

**D. PREPARER**

JUSTIN COCHRAN

*Preparer of the Sales Disclosure Form*

234 E CARMEL DR

*Address (Number and Street)*

CARMEL, IN 46032

*City, State, and ZIP Code*

MANAGER

*Title*

FIDELITY NATIONAL TITLE

*Company*

*Telephone Number*

*E-mail*

**E. SELLER(S)/GRANTOR(S)**

JOHN H MOORE

*Seller 1 - Name as appears on conveyance document*

3080 HUDDERSFIELD LN

*Address (Number and Street)*

ZIONSVILLE, IN 46077

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

TERESA L MOORE

*Seller 2 - Name as appears on conveyance document*

3080 HUDDERSFIELD LN

*Address (Number and Street)*

ZIONSVILLE, IN 46077

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

**Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".**

*Signature of Seller*

07/25/2014

*Printed Name of Seller*

*Sign Date (MM/DD/YYYY)*

*Signature of Seller*

07/25/2014

*Printed Name of Seller*

*Sign Date (MM/DD/YYYY)*

**F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY**

JAY FRYE

*Buyer 1 - Name as appears on conveyance document*

10900 UNITY CHURCH RD

*Address (Number and Street)*

MOORESVILLE, NC 28115

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

DANIELLE FRYE

*Buyer 2 - Name as appears on conveyance document*

10900 UNITY CHURCH RD

*Address (Number and Street)*

MOORESVILLE, NC 28115

*City, State, and ZIP Code*

*Telephone Number*

*E-mail*

**THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY.**

**YES NO CONDITION**

- 1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

*Address (Number and Street)*

*City, State, and ZIP Code*

*County*

- 2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

*Address (Number and Street)*

*City, State, and ZIP Code*

*County*

**YES NO CONDITION**

- 3. Homestead
- 4. Solar Energy Heating/Cooling System
- 5. Wind Power Device
- 6. Hydroelectric Power Device
- 7. Geothermal Energy Heating/Cooling Device
- 8. Is this property a residential rental property?
- 9. Would you like to receive tax statements for this property via e-mail?  
*(Provide contact information below. Please see instructions for more information. Not available in all counties.)*

*Primary property owner contact name*

*E-mail*

**Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)**

*Signature of Buyer 1*

07/25/2014

*Printed Legal Name of Buyer 1*

*Sign Date (MM/DD/YYYY)*

*Last 5 digits of Buyer 1 Driver's License/ID/Other Number*

*State Last 5 Digits of Social Security Number*

*Signature of Buyer 2/Spouse*

07/25/2014

*Printed Legal Name of Buyer 2/Spouse*

*Sign Date (MM/DD/YYYY)*

*Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number*

*State Last 5 Digits of Social Security Number*

**PART 2 - COUNTY ASSESSOR**

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A.)	\$229,300	\$596,800		\$826,100	510	3597	003	1.860
B.)								

Assessor Stamp	10. Identify physical changes to property between March 1 and date of sale.	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 07/25/2014		
		14. Date form received (MM/DD/YYYY): 08/07/2014		

Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale.	YES	NO	CONDITION
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Sale valid for trending?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Validation of sale complete?
	18. Validated by: JSL		

**PART 3 - COUNTY AUDITOR**

Auditor Stamp	1. Disclosure fee amount collected: \$10.00 2. Other Local Fee: \$5.00 3. Total Fee Collected: \$15.00 4. Auditor receipt book number: 43438 5. Date of transfer (MM/DD/YYYY): 08/07/2014	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Is form completed?
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. State sales fee required?
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Attachments complete?

**PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION**

SDF ID	SDF Date (MM/DD/YYYY)
Parcel Number	Buyer 1 - Name as appears on conveyance document
Check all that apply: <input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Rental Property <input type="checkbox"/> Electronic Statement (e-mail)	Address of Property (Number and Street)
	City, State, and ZIP Code of Property
	Auditor Signature
	Date (MM/DD/YYYY)

A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.