



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

Table with 3 columns: C06, 2010, 0000987

County Year Unique ID

SDF Date: 08/05/2010

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

Table with 4 columns: 1. Property Number, Check box if applicable to parcel, 5. Complete Address of Property, 6. Complete Tax Billing Address

7. Legal Description of Parcel A: PT N1/2 NW 04-17-2E 1.46

Table for Parcel B with columns for property number, checkboxes for split/land/improvement, address, and tax billing address.

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

Table with columns YES, NO, CONDITION for items 1-12 regarding property transfer conditions.

Table for sales data including conveyance date, number of parcels, and family/business relationship details.

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

5. Estimated value of personal property: \$0.00

Table with columns YES, NO, CONDITION for items 13-15 regarding compulsory transactions, partition, and charity transfers.

6. Sales price: \$106,368.00

Table with columns YES, NO, CONDITION for items 7-9 regarding seller financing, liability, and mortgage loans, plus items 10-13 for loan details.

D. PREPARER

ROBERT S KRUSZYNSKI

Preparer of the Sales Disclosure Form

8050 CLEVELAND PLACE

Address (Number and Street)

MERRILLVILLE, IN 46410

City, State, and ZIP Code

Title

UNTERBERG & ASSOCIATES, P.C.

Company

POST.SALES@UNTERLAW.CO

Telephone Number

E-mail

E. SELLER(S)/GRANTOR(S)

KEN P CAMPBELL, SHERRIFF OF BOONE CO

Seller 1 - Name as appears on conveyance document

1905 INDIANAPOLIS AVE

Address (Number and Street)

LEBANON, IN 46052

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

08/05/2010

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

WELLS FARGO BANK, N.A.

Buyer 1 - Name as appears on conveyance document

3476 STATEVIEW BLVD

Address (Number and Street)

FT MILL, SC 29715

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:

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

08/05/2010

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.)	\$70,300	\$92,200		\$162,500	511	3500	003	1.460
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 type="checkbox"/>	<input checked="" type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 08/05/2010		
		14. Date form received (MM/DD/YYYY): 08/05/2010		

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: HM		

PART 3 - COUNTY AUDITOR

Auditor Stamp	1. Disclosure fee amount collected: \$0.00 2. Other Local Fee: \$5.00 3. Total Fee Collected: \$5.00 4. Auditor receipt book number: 37165 5. Date of transfer (MM/DD/YYYY): 08/05/2010	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 checked="" type="checkbox"/>	<input 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

Table with 3 columns: C06, 2010, 0001155

County Year Unique ID

SDF Date: 08/20/2010

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

Table with 4 columns: 1. Property Number, Check box if applicable to parcel, 5. Complete Address of Property, 6. Complete Tax Billing Address

7. Legal Description of Parcel A: PT N1/2 NW 04-17-2E 1.46

Table with 4 columns: 1. Property Number, Check box if applicable to parcel, 5. Complete Address of Property, 6. Complete Tax Billing Address

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

Table with 3 columns: YES, NO, CONDITION. Lists conditions 1-12 regarding property transfer.

Table with 3 columns: YES, NO, CONDITION. Lists sales data items 1-4 including conveyance date and parcel count.

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

Table with 2 columns: Item, Value. Items 5 and 6: Estimated value of personal property and Sales price.

Table with 3 columns: YES, NO, CONDITION. Lists conditions 13-15 regarding compulsory transactions and charity transfers.

Table with 3 columns: YES, NO, CONDITION. Lists sales data items 7-9 regarding financing and loan details.

Table with 2 columns: Item, Value. Items 10-13: Amount of loan, Interest rate, Amount in points, Amortization period.

D. PREPARER

ROBERT S KRUSZYNSKI

Preparer of the Sales Disclosure Form

8050 CLEVELAND PL

Address (Number and Street)

MERRILVILLE, IN 46410

City, State, and ZIP Code

ATTORNEY

Title

UNTERBERG & ASSOCIATES

Company

POST.SALES@UNTERLAW.CO

Telephone Number

E-mail

E. SELLER(S)/GRANTOR(S)

WELLS FARGO BANK

Seller 1 - Name as appears on conveyance document

3476 STATEVIEW BLVD

Address (Number and Street)

FT MILL, SC 29715

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

09/07/2010

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

FEDERAL NATIONAL MORTGAGE ASSO

Buyer 1 - Name as appears on conveyance document

14221 DALLAS PARKWAY

Address (Number and Street)

DALLAS, TX 75240

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:

14221 DALLAS PARKWAY STE 11201

Address (Number and Street)

DALLAS, TX 75240

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

09/07/2010

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.)	\$70,300	\$92,200		\$162,500	511	3500	003	1.460
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 type="checkbox"/>	<input checked="" type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 08/20/2010		
		14. Date form received (MM/DD/YYYY): 09/09/2010		

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. NO MIBOR LISTING	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: NW		

PART 3 - COUNTY AUDITOR

Auditor Stamp	1. Disclosure fee amount collected: \$0.00 2. Other Local Fee: \$5.00 3. Total Fee Collected: \$5.00 4. Auditor receipt book number: 37313 5. Date of transfer (MM/DD/YYYY): 09/10/2010	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Is form completed?
		<input type="checkbox"/>	<input checked="" 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	2011	0002620
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County Year Unique ID

SDF Date: 07/14/2011

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.) 06-04-04-000-073.000-005 003-12070-00	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	8270 E SR 334 ZIONSVILLE, IN 46077	8270 E ST RD 334 ZIONSVILLE, IN 46077

7. Legal Description of Parcel A: PT N1/2 NW 04-17-2E 1.46

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): 07/14/2011

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: \$86,175.00

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

MICHELLE REED

Preparer of the Sales Disclosure Form

1490 W OAK ST

Address (Number and Street)

ZIONSVILLE, IN 46077

City, State, and ZIP Code

CLOSER

Title

MERIDIAN TITLE CORPORATION

Company

INDY@MERIDIANTITLE.COM

Telephone Number

E-mail

E. SELLER(S)/GRANTOR(S)

FEDERAL NATIONAL MORTGAGE ASSO

Seller 1 - Name as appears on conveyance document

14221 DALLAS PARKWAY

Address (Number and Street)

DALLAS, TX 75240

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

07/15/2011

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

DUNCAN SHERRIFF

Buyer 1 - Name as appears on conveyance document

8270 E ST RD 334

Address (Number and Street)

ZIONSVILLE, IN 46077

City, State, and ZIP Code

Telephone Number

E-mail

SERENA SHERIFF

Buyer 2 - Name as appears on conveyance document

8270 E SR 334

Address (Number and Street)

ZIONSVILLE, IN 46077

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
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 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

07/15/2011

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

07/15/2011

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.)	\$70,300	\$89,500		\$159,800	511	3500	003	1.460
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): 07/14/2011		
		14. Date form received (MM/DD/YYYY): 07/29/2011		

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: 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: 38552 5. Date of transfer (MM/DD/YYYY): 07/29/2011	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 checked="" type="checkbox"/>	<input 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.