



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, 0001296

County Year Unique ID

SDF Date: 10/07/2010

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: MANCHESTER SQUARE TRACT C LAND ONLY

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 regarding conveyance date, parcels, and unusual circumstances.

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 regarding personal property and sales price.

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

Table with 3 columns: YES, NO, CONDITION. Lists sales data items 7-13 regarding financing, liability, and loan details.

D. PREPARER

DAVID M BULLINGTON

Preparer of the Sales Disclosure Form

111 MONUMENT CIRCLE STE 452

Address (Number and Street)

INDIANAPOLIS, 46204

City, State, and ZIP Code

ATTORNEY

Title

HOPPER BLACKWELL PC

Company

DBULLINGTON@HOPPERBLAC

Telephone Number

E-mail

E. SELLER(S)/GRANTOR(S)

SHERIFF OF BOONE COUNTY

Seller 1 - Name as appears on conveyance document

1905 INDIANAPOLIS AVE

Address (Number and Street)

LEBANON, IN 46250

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

10/07/2010

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

SYCAMORE PROPERTY INVESTMENTS

Buyer 1 - Name as appears on conveyance document

C/O MONROE BANK AGENT PO BOX 2329

Address (Number and Street)

BLOOMINGTON, IN 47402-2329

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:

PO BOX 2329

Address (Number and Street)

BLOOMINGTON, IN 47402

City, State, and ZIP Code

Monroe County

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

10/06/2010

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.)	\$800	\$0		\$800	551	19702	019	0.000
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): 10/07/2010		
		14. Date form received (MM/DD/YYYY): 10/12/2010		

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: JW		

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: 37430 5. Date of transfer (MM/DD/YYYY): 10/12/2010	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	0002280
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County Year Unique ID

SDF Date: 05/25/2011

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.) 06-04-02-000-174.006-006 019-14703-07	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement	CAMBRIDGE LANE ZIONSVILLE, IN 46077	245 MANCHESTER DRIVE ZIONSVILLE, IN 46077

7. Legal Description of Parcel A: MANCHESTER SQUARE TRACT C LAND ONLY

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 checked="" type="checkbox"/>	<input 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 contract. 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): 05/25/2011

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: \$40,000.00

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

JOHM T COHOAT

Preparer of the Sales Disclosure Form

11711 N PENNSYLVANIA ST, STE 110

Address (Number and Street)

CARMEL, IN 46032

City, State, and ZIP Code

COUNSEL

Title

MERIDIAN TITLE

Company

Telephone Number

E-mail

E. SELLER(S)/GRANTOR(S)

SYCAMORE PROPERTY INVESTMENTS

Seller 1 - Name as appears on conveyance document

1 MAIN ST

Address (Number and Street)

EVANSVILLE, IN 47708

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

05/23/2011

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

MANCHESTER SQUARE DEVELOPMENT

Buyer 1 - Name as appears on conveyance document

245 MANCHESTER DRIVE

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:

245 MANCHESTER DR

Address (Number and Street)

ZIONSVILLE, IN 46077

City, State, and ZIP Code

Boone County

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

05/25/2011

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

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.)	\$900	\$0	\$0	\$900	550	19702	019	0.590
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): 05/25/2011		
		14. Date form received (MM/DD/YYYY): 05/26/2011		

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: 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: 38303 5. Date of transfer (MM/DD/YYYY): 05/26/2011	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 checked="" type="checkbox"/>	<input type="checkbox"/>	8. Attachments complete?

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.