## SALES DISCLOSURE FORM



State Form 46021 (R14 / 1-23)

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

| L      | County | Year | Unique ID | _ |
|--------|--------|------|-----------|---|
| SDF ID |        |      |           | 1 |

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. Do NOT place personally identifiable information (e.g. consulate numbers, passport numbers; government ID numbers, etc.) on this form as it may become publicly available.

NOTE: All questions must be answered to the best of the individual's ability. If the question does not apply, write "N/A" in the space provided. If the information requested is unknown, leave the space provided blank. Failure to provide a response for the italicized fields shall not result in the rejection of the underlying conveyance document by local officials.

INSTRUCTIONS: For additional information on how to complete this form, see the Sales Disclosure Form Instructions.

|                                                                                                                                                                                                      | · /                             |                                                                                                                                                       |                                                               |                                                                                     |                                                                                                   |                |                                                   |                                                                                                                                                                              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| PART 1 – To be completed by BUYER/GRANTEE and SELLER/GRANTOR  A. PROPERTY TRANSFERRED – Must be conveyed on a single conveyance document (Additional contiguous properties can be listed on Page 5.) |                                 |                                                                                                                                                       |                                                               |                                                                                     |                                                                                                   |                |                                                   |                                                                                                                                                                              |  |  |
| 1                                                                                                                                                                                                    |                                 | cel Number or Tax<br>tification Number                                                                                                                | Check all boxes applicable to parcel.                         | 5. Comple                                                                           | ete Ado                                                                                           | lress of       | Property                                          | 6. Complete Tax Billing Address (if different from property address)                                                                                                         |  |  |
| A.)                                                                                                                                                                                                  |                                 |                                                                                                                                                       | ☐ 2. Split ☐ 3. Land ☐ 4. Improvement                         |                                                                                     |                                                                                                   |                |                                                   |                                                                                                                                                                              |  |  |
| 7. Leg                                                                                                                                                                                               | 7. Legal Description of Parcel: |                                                                                                                                                       |                                                               |                                                                                     |                                                                                                   |                |                                                   |                                                                                                                                                                              |  |  |
| B. C                                                                                                                                                                                                 | ONDI                            | TIONS - Check only t                                                                                                                                  | hose that apply.                                              |                                                                                     |                                                                                                   |                |                                                   |                                                                                                                                                                              |  |  |
| If cond<br>YES                                                                                                                                                                                       |                                 | applies, filer is subject to disc<br>CONDITION  1. A transfer of real prope<br>consideration.  2. Buyer is an adjacent pr  3. Vacant land (No structu | erty interest for valuable<br>roperty owner.<br>ures on land) |                                                                                     | YES                                                                                               | NO             | note that: (i)<br>easements; of<br>transfer fee s | s or right-of-way grants. (Please<br>public utility/governmental<br>or (ii) rights-of-way that do not<br>simple; do not require a sales<br>rm. See the instructions for more |  |  |
|                                                                                                                                                                                                      |                                 | 4. Exchange for other real property ("Trade")  Parcel Number of traded property:                                                                      |                                                               |                                                                                     | If conditions 8-10 apply, filers are subject to disclosure, but not to the disclosure filing fee. |                |                                                   |                                                                                                                                                                              |  |  |
|                                                                                                                                                                                                      |                                 | 5. Land contract.  Contract term (YYYY-YYYY):  Contract date (MM/DD/YYYY):                                                                            |                                                               |                                                                                     |                                                                                                   |                | result of fore<br>foreclosure, of                 | nent for compulsory transactions as a foreclosure or express threat of tre, divorce, court order, judgment, nation, eminent domain, or probate.                              |  |  |
|                                                                                                                                                                                                      |                                 | <b>6.</b> Partial interest. Describ                                                                                                                   | e:                                                            |                                                                                     |                                                                                                   |                |                                                   | s involving the partition of land<br>ants in common, joint tenants, or<br>ntirety.                                                                                           |  |  |
|                                                                                                                                                                                                      |                                 |                                                                                                                                                       |                                                               |                                                                                     |                                                                                                   |                |                                                   | to a charity, not-for-profit<br>or governmental entity or agency.                                                                                                            |  |  |
| C. T                                                                                                                                                                                                 | RANS                            | SACTION DETAILS - Co                                                                                                                                  | mplete only thos                                              |                                                                                     |                                                                                                   |                |                                                   |                                                                                                                                                                              |  |  |
| YES                                                                                                                                                                                                  | NO                              | CONDITION                                                                                                                                             |                                                               | YES                                                                                 | NO                                                                                                | <b>6.</b> Trai |                                                   | es multiple Sales Disclosure Forms?                                                                                                                                          |  |  |
|                                                                                                                                                                                                      |                                 | 1. Sheriii Sale or Tax Sale                                                                                                                           |                                                               |                                                                                     | SDF Form of<br>te conveyance document signed (MM/DD/YYYY):                                        |                |                                                   |                                                                                                                                                                              |  |  |
|                                                                                                                                                                                                      |                                 |                                                                                                                                                       |                                                               |                                                                                     | proximate number of days property was on the market:                                              |                |                                                   |                                                                                                                                                                              |  |  |
|                                                                                                                                                                                                      |                                 |                                                                                                                                                       |                                                               |                                                                                     | al number of parcels on this disclosure:                                                          |                |                                                   |                                                                                                                                                                              |  |  |
|                                                                                                                                                                                                      |                                 |                                                                                                                                                       | there is more than one (1) parcel, see Page 5.)               |                                                                                     |                                                                                                   |                |                                                   |                                                                                                                                                                              |  |  |
|                                                                                                                                                                                                      |                                 |                                                                                                                                                       |                                                               | elect the type(s) of property below and fill out corresponding page all that apply. |                                                                                                   |                | and fill out corresponding page(s).               |                                                                                                                                                                              |  |  |
| I                                                                                                                                                                                                    |                                 |                                                                                                                                                       |                                                               |                                                                                     | esidential omplete Page 2, Sec. D-E)  Agricultural (Complete Page 2, Sec.                         |                |                                                   |                                                                                                                                                                              |  |  |
|                                                                                                                                                                                                      |                                 |                                                                                                                                                       |                                                               | -   _                                                                               | ommer                                                                                             |                | , Sec. F-G)                                       | Industrial (Complete Page 2, Sec. F-G)                                                                                                                                       |  |  |

## RESIDENTIAL OR AGRICULTURAL PROPERTY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1. Changes to the property between Jan. 1 and sale date?  Describe: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | anned use of the property?<br>cribe:                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |
| E. FINANCE DATA – Complete only those that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |
| . Sales Price:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES                                                                 | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CONDITION                                                                                                                                                                                                                                                                                                                                                                 |
| Personal Property included in transfer. Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6.</b> Is the seller financing the sale? (If yes, answer questions 7-8)                                                                                                                                                                                                                                                                                                |
| S. Seller paid points/closing costs. Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                                                         |
| Existence of family or business relationship between the buyer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Is buyer/borrower personally liable for loan?                                                                                                                                                                                                                                                                                                                          |
| nd the seller. Amount of discount (if any): \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Is this a mortgage loan?                                                                                                                                                                                                                                                                                                                                               |
| i. Describe any less-than-complete ownership interest and terms of seller financing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. Was an appraisal done?                                                                                                                                                                                                                                                                                                                                                 |
| OMMERCIAL OR INDUSTRIAL PROPERTY  F. SALES DATA – Complete only those that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |
| Information contained in question 3 is confidential and non-d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | iecloeah                                                            | le und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ler IC § 5-14-3-4.                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13010341                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                           |
| YES NO CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | <b>3.</b> Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | anned use of the property?                                                                                                                                                                                                                                                                                                                                                |
| YES NO CONDITION  1. Changes to the property between Jan. 1 and sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | <b>3.</b> Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | anned use of the property?                                                                                                                                                                                                                                                                                                                                                |
| YES NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | <b>3.</b> Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · ·                                                                                                                                                                                                                                                                                                                                                                     |
| YES NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA – Complete only those that apply.  Information contained in questions 2-13 is confidential and no                                                                                                                                                                                                                                                                                                                                                                            | e date?                                                             | 3. Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | under IC § 5-14-3-4 and IC § 6-1.1-35-9                                                                                                                                                                                                                                                                                                                                   |
| YES NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA – Complete only those that apply.  Information contained in questions 2-13 is confidential and not satisfy.  Sales price. Amount:                                                                                                                                                                                                                                                                                                                                            | e date?                                                             | 3. Planes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | under IC § 5-14-3-4 and IC § 6-1.1-35-9 the sale financed? (Check any that apply.)                                                                                                                                                                                                                                                                                        |
| YES NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not be sales price. Amount:  Check only those conditions that apply.                                                                                                                                                                                                                                                                                                          | e date?                                                             | 3. Plant Description Descripti | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing  Construction Loan                                                                                                                                                                                                                                                  |
| YES NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not sales price. Amount:  Check only those conditions that apply.  TES NO CONDITION                                                                                                                                                                                                                                                                                           | e date?  on-discle  9. Ho  All (                                    | 3. Plane Description of the Control  | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan  oan Sale Leaseback Small Business Loan                                                                                                                                                                                                           |
| TES NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA – Complete only those that apply.  Information contained in questions 2-13 is confidential and not sales price. Amount:  Check only those conditions that apply.  TES NO CONDITION  2. Sale price included an existing business?                                                                                                                                                                                                                                             | e date?  on-discle  9. Ho   All 0   Mor  10. Ho                     | 3. Plance Described Descri | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan coan Sale Leaseback Small Business Loan reproperty marketed? Word of mouth                                                                                                                                                                        |
| NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not sales price. Amount:  Check only those conditions that apply.  Set NO CONDITION  2. Sale price included an existing business?  3. Sale price included a liquor license?                                                                                                                                                                                                       | e date?  9. Ho                                                      | 3. Plance of the control of the cont | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan  oan Sale Leaseback Small Business Loan  property marketed? Word of mouth  oker For sale sign Buyer approached                                                                                                                                    |
| TES NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not sales price. Amount:  Check only those conditions that apply.  TES NO CONDITION  2. Sale price included an existing business?  3. Sale price included a liquor license?  4. Transaction was part of a portfolio sale?                                                                                                                                                     | e date?  9. Ho                                                      | 3. Plane Description of the Control  | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan  oan Sale Leaseback Small Business Loan  property marketed? Word of mouth  oker For sale sign Buyer approached  Circumstances? (Check any that apply.)                                                                                            |
| NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not be sales price. Amount:  Check only those conditions that apply.  Sales price included an existing business?  2. Sale price included a liquor license?  3. Sale price included a portfolio sale?  4. Transaction was part of a portfolio sale?  5. Any part of the property was leased at time of sale?                                                                       | e date?  pn-discle  9. Ho  All (  Mor  10. Ho  List  11. Sp         | 3. Plane Description of the Control  | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan  coan Sale Leaseback Small Business Loan  property marketed? Word of mouth  cker For sale sign Buyer approached  Circumstances? (Check any that apply.)  ween same Sale in lieu of Sold at                                                        |
| NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not sales price. Amount:  Check only those conditions that apply.  TES NO CONDITION  2. Sale price included an existing business?  3. Sale price included a liquor license?  4. Transaction was part of a portfolio sale?  5. Any part of the property was leased at time of sale?  6. Sale included property receiving an abatement?                                             | e date?  9. Ho All (  Mor 10. Ho List  11. Sp                       | 3. Plane Description of the Control  | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan  oan Sale Leaseback Small Business Loan  property marketed? Word of mouth  oker For sale sign Buyer approached  Circumstances? (Check any that apply.)  ween same Sale in lieu of Sold at auction                                                 |
| NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not be sales price. Amount:    heck only those conditions that apply.    ES NO CONDITION                                                                                                                                                                                                                                                                                          | e date?  9. Ho All (  10. Ho List  11. Sp                           | 3. Plane Description of the Control  | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan  Coan Sale Leaseback Small Business Loan  property marketed? Word of mouth  Check Por sale sign Buyer approached  Circumstances? (Check any that apply.)  Ween same Sale in lieu of foreclosure Sold at auction  equipment Sale of partial        |
| NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not sales price. Amount:  Check only those conditions that apply.  Sales price included an existing business?  3. Sale price included a liquor license?  4. Transaction was part of a portfolio sale?  5. Any part of the property was leased at time of sale?  6. Sale included property receiving an abatement?  7. Appraisal was completed for the sale?  Appraisal Value \$   | e date?  9. Ho  Mor  10. Ho  List  11. Sp                           | 3. Plant Description of the control  | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan  oan Sale Leaseback Small Business Loan  property marketed? Word of mouth  oker For sale sign Buyer approached  Circumstances? (Check any that apply.)  ween same Sale in lieu of Sold at foreclosure auction  equipment Sale of partial interest |
| NO CONDITION  1. Changes to the property between Jan. 1 and sa Describe:  2. Property is a residential rental property.  3. FINANCE DATA — Complete only those that apply.  Information contained in questions 2-13 is confidential and not a sales price. Amount:  Check only those conditions that apply.  CES NO CONDITION  2. Sale price included an existing business?  3. Sale price included a liquor license?  4. Transaction was part of a portfolio sale?  5. Any part of the property was leased at time of sale?  6. Sale included property receiving an abatement?  7. Appraisal was completed for the sale? | 9. Ho   Mor   10. Ho   List   11. Sp                                | 3. Pl. Descondent of the control of  | under IC § 5-14-3-4 and IC § 6-1.1-35-9  the sale financed? (Check any that apply.)  Seller Financing Construction Loan  Coan Sale Leaseback Small Business Loan  property marketed? Word of mouth  Check Por sale sign Buyer approached  Circumstances? (Check any that apply.)  Ween same Sale in lieu of foreclosure Sold at auction  equipment Sale of partial        |

| H. PREPARER                                                                                                                                                                         |                                 |                              |                                                                                            |                                 |                                     |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|--------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|--|--|--|
| Preparer of the Sales Disclosure Form                                                                                                                                               |                                 | Title                        |                                                                                            |                                 |                                     |  |  |  |
| Company                                                                                                                                                                             |                                 |                              | Address                                                                                    | . 1                             | elephone Number )                   |  |  |  |
| Address (number and street, city, state, cou                                                                                                                                        |                                 |                              | ·                                                                                          |                                 |                                     |  |  |  |
| I. SELLER(S)/GRANTOR(S)                                                                                                                                                             |                                 |                              |                                                                                            |                                 |                                     |  |  |  |
| Seller 1 – Name as it appears on conveyance document                                                                                                                                |                                 |                              | Seller 2 – Name as appears on conveyance document                                          |                                 |                                     |  |  |  |
| Address (number and street)                                                                                                                                                         |                                 |                              | s (num                                                                                     | ber and street)                 |                                     |  |  |  |
| City, State, and ZIP Code                                                                                                                                                           |                                 | City, S                      | tate, an                                                                                   | d ZIP Code                      |                                     |  |  |  |
| Country                                                                                                                                                                             |                                 | Countr                       | у                                                                                          |                                 |                                     |  |  |  |
| Email Address                                                                                                                                                                       | Telephone Number ( )            | Email /                      | Address                                                                                    |                                 | Telephone Number ( )                |  |  |  |
| Under penalties of perjury, I hereby certif<br>required by law, and is prepared in accor<br>real property, or omits or falsifies any inf                                            | dance with IC 6-1.1-5.5. A pe   | rson wh                      | o know                                                                                     | ingly and intentionally fals    |                                     |  |  |  |
| Signature of Seller                                                                                                                                                                 |                                 | Signati                      | ure of S                                                                                   | eller                           |                                     |  |  |  |
| Printed Name of Seller                                                                                                                                                              | Date Signed (mm/dd/yyyy)        | Printed                      | l Name                                                                                     | of Seller                       | Date Signed (mm/dd/yyyy)            |  |  |  |
| J. BUYER(S)/GRANTEE(S) – APPI                                                                                                                                                       | LICATION FOR PROPERT            | Y TAX                        | DEDU                                                                                       | CTIONS - IDENTIFY AL            | L THAT APPLY                        |  |  |  |
| Buyer 1 – Name as it appears on conveyand                                                                                                                                           | ce document                     | Buyer                        | 2 – Nan                                                                                    | ne as it appears on conveyar    | nce document                        |  |  |  |
| Address (number and street)                                                                                                                                                         |                                 | Address (number and street)  |                                                                                            |                                 |                                     |  |  |  |
| City, State, and ZIP Code                                                                                                                                                           |                                 | City, State, and ZIP Code    |                                                                                            |                                 |                                     |  |  |  |
| Country                                                                                                                                                                             |                                 | Country                      |                                                                                            |                                 |                                     |  |  |  |
| Email Address                                                                                                                                                                       | Telephone Number                | Email /                      | Address                                                                                    |                                 | Telephone Number ( )                |  |  |  |
| Pursuant to IC 6-1.1-12-44, the Sales Disc                                                                                                                                          | closure Form may be used to     | apply fo                     | or certa                                                                                   | in deductions. Identify all o   | of those that apply:                |  |  |  |
| YES NO CONDITION                                                                                                                                                                    |                                 | YES                          | NO                                                                                         | CONDITION                       |                                     |  |  |  |
| 1. Will this property be the                                                                                                                                                        | e buyer's primary               |                              |                                                                                            | 3. Homestead                    |                                     |  |  |  |
| residence?                                                                                                                                                                          |                                 |                              |                                                                                            | 4. Solar Energy Heating         | or Cooling System                   |  |  |  |
| ☐ <b>2.</b> Does the buyer have a for this residence? If yes,                                                                                                                       | homestead to be vacated         |                              |                                                                                            | 5. Wind Power Device            |                                     |  |  |  |
| Address (number and street)                                                                                                                                                         | provide address.                |                              |                                                                                            | <b>6.</b> Hydroelectric Power I | Device<br>leating or Cooling Device |  |  |  |
| , , ,                                                                                                                                                                               |                                 |                              |                                                                                            | 7. Geothermal Energy 1          | leating of Gooling Device           |  |  |  |
| City, State, and ZIP Code                                                                                                                                                           |                                 |                              |                                                                                            |                                 |                                     |  |  |  |
| Under penalties of perjury, I hereby certif<br>as required by law, and is prepared in ac<br>transferred real property, or omits or fals<br>information, SSN/Driver's License/ID/Oth | person<br>d to be p<br>if a Hor | who kn<br>provide<br>nestead | owingly and intentionally f<br>d, commits a Level 5 felony<br>d Deduction is being filed.) | alsifies the value of           |                                     |  |  |  |
| Signature of Buyer 1                                                                                                                                                                |                                 | Signati                      | ure of B                                                                                   | uyer 2/Spouse                   |                                     |  |  |  |
| Printed Legal Name of Buyer 1                                                                                                                                                       | Sign Date (MM/DD/YY)            | Printed                      | l Legal                                                                                    | Name of Buyer 2/Spouse          | Sign Date (MM/DD/YY)                |  |  |  |
| Last 5 Digits of Buyer 1 SSN/Driver's License/ID/Other Number                                                                                                                       |                                 |                              | Digits o                                                                                   | f Buyer 2/Spouse SSN/Drive      | r's License/ID/Other Number         |  |  |  |

| The                | county assessor must verify an                    | d complete iter                                                                                     | ms 1 through                                                            | 14 and                                                                                      | stamp the sales disc                                | losure fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rm befo                                                                                                            |                                             | ~                                                              |
|--------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------|
|                    | 1. Property (Parcel Number)                       | 2. /                                                                                                | AV of Land                                                              |                                                                                             | 3. AV of Improv                                     | ement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                             | e of Depreciable<br>onal Property                              |
| <b>A</b> .)        |                                                   |                                                                                                     |                                                                         |                                                                                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | T                                           |                                                                |
|                    | 5. AV Total                                       | 6. Property                                                                                         | / Class Code                                                            | 7. Ne                                                                                       | ighborhood Code                                     | 8. Tax Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    | rict                                        | 9. Acreage                                                     |
| <b>A</b> .)        |                                                   |                                                                                                     |                                                                         |                                                                                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                                             |                                                                |
| Assessor Stamp     |                                                   |                                                                                                     | property bet                                                            | 10. Identify physical changes to property between the assessment date and the date of sale: |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES NO CONDITION  11. Is form completed?  12. State sales disclosure fee required?  13. Date of Sale (mm/dd/yyyy): |                                             |                                                                |
|                    |                                                   |                                                                                                     |                                                                         |                                                                                             |                                                     | 14. Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | te Form                                                                                                            | n Received                                  | I (mm/dd/yyyy):                                                |
| Items              | s 15 through 18 are to be comp                    | leted by the as                                                                                     | ssessor when                                                            | validati                                                                                    | ng this sale:                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                                             |                                                                |
| 15. If             | f applicable, identify any addition               | nal special circ                                                                                    | cumstances re                                                           | elating to                                                                                  | o validation of sale:                               | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO                                                                                                                 |                                             | valid for trending?<br>ation of sale                           |
|                    |                                                   |                                                                                                     |                                                                         |                                                                                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | complete                                    | ŗ                                                              |
|                    |                                                   |                                                                                                     |                                                                         |                                                                                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lidated                                                                                                            |                                             |                                                                |
| PAF                | RT 3 – COUNTY AUDITO                              |                                                                                                     |                                                                         |                                                                                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                                             | •                                                              |
| PAF                |                                                   | )R                                                                                                  |                                                                         |                                                                                             |                                                     | 18. Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    | cond                                        | ITION                                                          |
| PAF                | RT 3 – COUNTY AUDITO<br>Auditor Stamp             | DR<br>1. State Sales D                                                                              | Disclosure Fee Ar                                                       | mount Co                                                                                    |                                                     | 18. Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lidated                                                                                                            | COND 6. Is for                              | ITION m completed? te sales disclosure                         |
| PAF                |                                                   | 1. State Sales D 2. Other Local Fe                                                                  | Disclosure Fee Ar                                                       | mount Co                                                                                    | pillected: \$                                       | 18. Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                                 | COND 6. Is for 7. Is sta                    | ITION m completed? te sales disclosure                         |
| PAF                |                                                   | 1. State Sales D 2. Other Local Fe 3. Total Fee Col 4. Auditor Recei                                | Disclosure Fee Aree: \$llected: \$lipt Book Number                      | mount Co                                                                                    | ollected: \$                                        | 18. Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                                 | COND 6. Is for 7. Is sta                    | ITION m completed? te sales disclosure ected?                  |
| PAF                |                                                   | 1. State Sales D 2. Other Local Fe 3. Total Fee Col 4. Auditor Recei                                | Disclosure Fee Ar<br>ee: \$<br>llected: \$                              | mount Co                                                                                    | ollected: \$                                        | 18. Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                                 | COND 6. Is for 7. Is sta                    | ITION m completed? te sales disclosure ected?                  |
| PAF                |                                                   | 1. State Sales D 2. Other Local Fe 3. Total Fee Col 4. Auditor Recei                                | Disclosure Fee Aree: \$llected: \$lipt Book Number                      | mount Co                                                                                    | ollected: \$                                        | 18. Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                                 | COND 6. Is for 7. Is sta                    | ITION m completed? te sales disclosure ected?                  |
|                    |                                                   | 1. State Sales D 2. Other Local Fe 3. Total Fee Col 4. Auditor Recei 5. Date of Trans               | Disclosure Fee Ar ee: \$ Ilected: \$ ipt Book Number sfer (mm/dd/yyyy,  | mount Co                                                                                    | ollected: \$                                        | 18. Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO O                                                                                                               | COND 6. Is for 7. Is sta fee colle 8. Attac | ITION m completed? te sales disclosure ected?                  |
|                    | Auditor Stamp                                     | 1. State Sales D 2. Other Local Fe 3. Total Fee Col 4. Auditor Recei 5. Date of Trans               | Disclosure Fee Ar ee: \$ Ilected: \$ ipt Book Number sfer (mm/dd/yyyy,  | mount Co                                                                                    | ollected: \$                                        | 18. Va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO O                                                                                                               | COND 6. Is for 7. Is sta fee colle 8. Attac | ITION m completed? te sales disclosure ected? hments complete? |
| PAF<br>SDF         | Auditor Stamp                                     | 1. State Sales D 2. Other Local Fe 3. Total Fee Col 4. Auditor Recei 5. Date of Trans               | Disclosure Fee Ar ee: \$ Illected: \$ ipt Book Number sfer (mm/dd/yyyy, | mount Co                                                                                    | OF ASSESSED                                         | YES   Control of the second of | NO                                                                                                                 | COND 6. Is for 7. Is sta fee colle 8. Attac | ITION m completed? te sales disclosure ected? hments complete? |
| PAF<br>SDF<br>Parc | Auditor Stamp  RT 4 – RECEIPT FOR ST              | 1. State Sales D 2. Other Local Fe 3. Total Fee Col 4. Auditor Recei 5. Date of Trans  ATEMENT  SDF | Disclosure Fee Ar ee: \$  Ilected: \$ ipt Book Number sfer (mm/dd/yyyy, | mount Co                                                                                    | OF ASSESSED  Buyer 1 – Name as                      | YES  VALUA sappears y (number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NO                                                                                                                 | COND 6. Is for 7. Is sta fee colle 8. Attac | ITION m completed? te sales disclosure ected? hments complete? |
| PAF<br>SDF<br>Parc | Auditor Stamp  RT 4 – RECEIPT FOR ST ID el Number | 1. State Sales D 2. Other Local Fe 3. Total Fee Col 4. Auditor Recei 5. Date of Trans  ATEMENT  SDF | Disclosure Fee Ar ee: \$  Ilected: \$ ipt Book Number sfer (mm/dd/yyyy, | mount Co                                                                                    | OF ASSESSED  Buyer 1 – Name as  Address of Property | YES  VALUA  sappears  y (number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NO                                                                                                                 | COND 6. Is for 7. Is sta fee colle 8. Attac | ITION m completed? te sales disclosure ected? hments complete? |

## **SALES DISCLOSURE PART 1(A)**



State Form 55632 (R / 1-21)

|        | County | Voor | Unique ID |
|--------|--------|------|-----------|
| SDF ID |        |      |           |

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. Do NOT place personally identifiable information (e.g. consulate numbers, passport numbers; government ID numbers, etc.) on this form as it may become publicly available.

| (Multiple parcels can be lis                   | RED – Must be conv<br>sted on this form and                             | and SELLER/GRANTOR<br>reyed on a single conveyance doo<br>d attached to State Form 46021 or |                                                                      |
|------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| located entirely within a sir                  | ngle taxing district.)                                                  |                                                                                             |                                                                      |
| Parcel Number or Tax     Identification Number | Check all boxes applicable to parcel.                                   | 5. Complete Address of Property                                                             | 6. Complete Tax Billing Address (if different from property address) |
| B.)                                            | <ul><li>□ 2. Split</li><li>□ 3. Land</li><li>□ 4. Improvement</li></ul> |                                                                                             |                                                                      |
| 7. Legal Description of Parcel B:              |                                                                         |                                                                                             |                                                                      |
| C.)                                            | ☐ 2. Split ☐ 3. Land ☐ 4. Improvement                                   |                                                                                             |                                                                      |
| 7. Legal Description of Parcel C:              |                                                                         |                                                                                             |                                                                      |
| D.)                                            | ☐ 2. Split ☐ 3. Land ☐ 4. Improvement                                   |                                                                                             |                                                                      |
| 7. Legal Description of Parcel D:              |                                                                         |                                                                                             |                                                                      |
| E.)                                            | ☐ 2. Split ☐ 3. Land ☐ 4. Improvement                                   |                                                                                             |                                                                      |
| 7. Legal Description of Parcel E:              |                                                                         |                                                                                             |                                                                      |
| F.)                                            | 2. Split 3. Land 4. Improvement                                         |                                                                                             |                                                                      |
| 7. Legal Description of Parcel F:              |                                                                         |                                                                                             |                                                                      |
| G.)                                            | ☐ 2. Split☐ 3. Land☐ 4. Improvement                                     |                                                                                             |                                                                      |
| 7. Legal Description of Parcel G:              |                                                                         |                                                                                             |                                                                      |
| H.)                                            | ☐ 2. Split☐ 3. Land☐ 4. Improvement                                     |                                                                                             |                                                                      |
| 7. Legal Description of Parcel H:              |                                                                         |                                                                                             |                                                                      |