



SELLER'S RESIDENTIAL REAL ESTATE SALES DISCLOSURE

State Form 46234 (R6 / 6-14)

Date (month, day, year)

12/19/2022

NOTE: This form has been modified from the version currently found at 876 IAC 9-1-2 to include questions regarding disclosure of contamination related to controlled substances or methamphetamine as required by P.L. 180-2014. Rule revisions will be made to 876 IAC 9-1-2 to include these changes in the near future, however the Commission has made this information available now through this updated form.

Seller states that the information contained in this Disclosure is correct to the best of Seller's CURRENT ACTUAL KNOWLEDGE as of the above date. The prospective buyer and the owner may wish to obtain professional advice or inspections of the property and provide for appropriate provisions in a contract between them concerning any advice, inspections, defects, or warranties obtained on the property. The representations in this form are the representations of the owner and are not the representations of the agent, if any. This information is for disclosure only and is not intended to be a part of any contract between the buyer and the owner. Indiana law (IC 32-21-5) generally requires sellers of 1-4 unit residential property to complete this form regarding the known physical condition of the property. An owner must complete and sign the disclosure form and submit the form to a prospective buyer before an offer is accepted for the sale of the real estate.

Property address (number and street, city, state, and ZIP code)

5801 Upton Road, Mt. Vernon, IN 47620

1. The following are in the conditions indicated:

A. APPLIANCES	None/Not Included/Rented	Defective	Not Defective	Do Not Know
Built-in Vacuum System	<input checked="" type="checkbox"/>			
Clothes Dryer			<input checked="" type="checkbox"/>	
Clothes Washer			<input checked="" type="checkbox"/>	
Dishwasher	<input checked="" type="checkbox"/>			
Disposal	<input checked="" type="checkbox"/>			
Freezer	<input checked="" type="checkbox"/>			
Gas Grill	<input checked="" type="checkbox"/>			
Hood			<input checked="" type="checkbox"/>	
Microwave Oven	<input checked="" type="checkbox"/>			
Oven			<input checked="" type="checkbox"/>	
Range			<input checked="" type="checkbox"/>	
Refrigerator			<input checked="" type="checkbox"/>	
Room Air Conditioner(s)	<input checked="" type="checkbox"/>			
Trash Compactor	<input checked="" type="checkbox"/>			
TV Antenna / Dish	<input checked="" type="checkbox"/>			
Other:				

B. ELECTRICAL SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know
Air Purifier	<input checked="" type="checkbox"/>			
Burglar Alarm	<input checked="" type="checkbox"/>			
Ceiling Fan(s)			<input checked="" type="checkbox"/>	
Garage Door Opener / Controls			<input checked="" type="checkbox"/>	
Inside Telephone Wiring and Blocks / Jacks	<input checked="" type="checkbox"/>			
Intercom	<input checked="" type="checkbox"/>			
Light Fixtures			<input checked="" type="checkbox"/>	
Sauna	<input checked="" type="checkbox"/>			
Smoke / Fire Alarm(s)	<input checked="" type="checkbox"/>			
Switches and Outlets			<input checked="" type="checkbox"/>	
Vent Fan(s)			<input checked="" type="checkbox"/>	
60 / 100 / 200 Amp Service (Circle one)			<input checked="" type="checkbox"/>	
Generator	<input checked="" type="checkbox"/>			

NOTE: "Defect" means a condition that would have a significant adverse effect on the value of the property, that would significantly impair the health or safety of future occupants of the property, or that if not repaired, removed or replaced would significantly shorten or adversely affect the expected normal life of the premises.

C. WATER & SEWER SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know
Cistern	<input checked="" type="checkbox"/>			
Septic Field / Bed			<input checked="" type="checkbox"/>	
Hot Tub	<input checked="" type="checkbox"/>			
Plumbing			<input checked="" type="checkbox"/>	
Aerator System	<input checked="" type="checkbox"/>			
Sump Pump			<input checked="" type="checkbox"/>	
Irrigation Systems	<input checked="" type="checkbox"/>			
Water Heater / Electric			<input checked="" type="checkbox"/>	
Water Heater / Gas				
Water Heater / Solar				
Water Purifier	<input checked="" type="checkbox"/>			
Water Softener			<input checked="" type="checkbox"/>	
Well			<input checked="" type="checkbox"/>	
Septic & Holding Tank/Septic Mound				
Geothermal and Heat Pump				
Other Sewer System (Explain)				
Swimming Pool & Pool Equipment	<input checked="" type="checkbox"/>			

	Yes	No	Do Not Know
Are the structures connected to a public water system?		<input checked="" type="checkbox"/>	
Are the structures connected to a public sewer system?		<input checked="" type="checkbox"/>	
Are there any additions that may require improvements to the sewage disposal system?			
If yes, have the improvements been completed on the sewage disposal system?			
Are the improvements connected to a private/community water system?			
Are the improvements connected to a private/community sewer system?			

D. HEATING & COOLING SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know
Attic Fan	<input checked="" type="checkbox"/>			
Central Air Conditioning			<input checked="" type="checkbox"/>	
Hot Water Heat			<input checked="" type="checkbox"/>	
Furnace Heat / Gas				
Furnace Heat / Electric				
Solar House-Heating	<input checked="" type="checkbox"/>			
Woodburning Stove	<input checked="" type="checkbox"/>			
Fireplace			<input checked="" type="checkbox"/>	
Fireplace Insert				
Air Cleaner	<input checked="" type="checkbox"/>			
Humidifier	<input checked="" type="checkbox"/>			
Propane Tank	<input checked="" type="checkbox"/>			
Other Heating Source				

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Signature of Seller	Date (mm/dd/yy)	Signature of Buyer	Date (mm/dd/yy)
X Robert P. M. [Signature]	12-19-2022		
Signature of Seller	Date (mm/dd/yy)	Signature of Buyer	Date (mm/dd/yy)
X [Signature]			
The Seller hereby certifies that the condition of the property is substantially the same as it was when the Seller's Disclosure form was originally provided to the Buyer.			
Signature of Seller (at closing)	Date (mm/dd/yy)	Signature of Seller (at closing)	Date (mm/dd/yy)

Property address (number and street, city, state, and ZIP code)

2. ROOF	YES	NO	DO NOT KNOW
Age, if known: <u>16</u> Years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the roof leak?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there present damage to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there more than one layer of shingles on the house?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, how many layers? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. HAZARDOUS CONDITIONS	YES	NO	DO NOT KNOW
Have there been or are there any hazardous conditions on the property, such as methane gas, lead paint, radon gas in house or well, radioactive material, landfill, mineshaft, expansive soil, toxic materials, mold, other biological contaminants, asbestos insulation, or PCB's?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there contamination caused by the manufacture of a controlled substance on the property that has not been certified as decontaminated by an inspector approved under IC 13-14-1-15?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has there been manufacture of methamphetamine or dumping of waste from the manufacture of methamphetamine in a residential structure on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain:

4. OTHER DISCLOSURES	YES	NO	DO NOT KNOW
Do structures have aluminum wiring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any foundation problems with the structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any encroachments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any violations of zoning, building codes, or restrictive covenants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the present use a non-conforming use? Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the access to your property via a private road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the access to your property via a public road?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the access to your property via an easement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you received any notices by any governmental or quasi-governmental agencies affecting this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any structural problems with the building?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have any substantial additions or alterations been made without a required building permit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there moisture and/or water problems in the basement, crawl space area, or any other area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any damage due to wind, flood, termites or rodents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have any structures been treated for wood destroying insects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the furnace/woodstove/chimney/flue all in working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the property in a flood plain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you currently pay flood insurance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the property contain underground storage tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the homeowner a licensed real estate salesperson or broker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any threatened or existing litigation regarding the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the property subject to covenants, conditions and/or restrictions of a homeowner's association?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the property located within one (1) mile of an airport?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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