



**SELLER'S RESIDENTIAL REAL ESTATE SALES DISCLOSURE**  
State Form 46234 (R5/ 6-10)

Date (month, day, year)  
**November 29, 2013**

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)

**1333 Edinburgh Drive  
Carmel, 46033**

1. The following are in the conditions indicated:

A. APPLIANCES	None/Not Included/Rented	Defective	Not Defective	Do Not Know	C. WATER & SEWER SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know	
Built-in Vacuum System				<input checked="" type="checkbox"/>	Cistern	<input checked="" type="checkbox"/>				
Clothes Dryer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Septic Field/Bed	<input checked="" type="checkbox"/>				
Clothes Washer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Hot Tub	<input checked="" type="checkbox"/>				
Dishwasher	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Plumbing				<input checked="" type="checkbox"/>	
Disposal	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Aerator System	<input checked="" type="checkbox"/>				
Freezer	<input checked="" type="checkbox"/>				Sump Pump	<input checked="" type="checkbox"/>				
Gas Grill	<input checked="" type="checkbox"/>				Irrigation Systems				<input checked="" type="checkbox"/>	
Hood	<input checked="" type="checkbox"/>				Water Heater/Electric			<input checked="" type="checkbox"/>		
Microwave Oven	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Water Heater/Gas	<input checked="" type="checkbox"/>				
Oven	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Water Heater/Solar	<input checked="" type="checkbox"/>				
Range	<input checked="" type="checkbox"/>				Water Purifier	<input checked="" type="checkbox"/>				
Refrigerator			<input checked="" type="checkbox"/>		Water Softener			<input checked="" type="checkbox"/>		
Room Air Conditioner(s)	<input checked="" type="checkbox"/>				Well	<input checked="" type="checkbox"/>				
Trash Compactor	<input checked="" type="checkbox"/>				Septic and Holding Tank/Septic Mound	<input checked="" type="checkbox"/>				
TV Antenna/Dish	<input checked="" type="checkbox"/>				Geothermal and Heat Pump	<input checked="" type="checkbox"/>				
Other:					Other Sewer System (Explain)	<input checked="" type="checkbox"/>				
					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?					<input checked="" type="checkbox"/>
					If yes, have the improvements been completed on the sewage disposal system?					<input checked="" type="checkbox"/>
					Are the improvements connected to a private/community water system?					<input checked="" type="checkbox"/>
					Are the improvements connected to a private/community sewer system?					<input checked="" type="checkbox"/>
B. ELECTRICAL SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know	D. HEATING & COOLING SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know	
Air Purifier	<input checked="" type="checkbox"/>				Attic Fan				<input checked="" type="checkbox"/>	
Burglar Alarm	<input checked="" type="checkbox"/>				Central Air Conditioning			<input checked="" type="checkbox"/>		
Ceiling Fan(s)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Hot Water Heat			<input checked="" type="checkbox"/>		
Garage Door Opener / Controls	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Furnace Heat/Gas	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Inside Telephone Wiring and Blocks/Jacks	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Furnace Heat/Electric			<input checked="" type="checkbox"/>		
Intercom	<input checked="" type="checkbox"/>				Solar House-Heating	<input checked="" type="checkbox"/>				
Light Fixtures	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Woodburning Stove	<input checked="" type="checkbox"/>				
Sauna	<input checked="" type="checkbox"/>				Fireplace	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Smoke/Fire Alarm(s)				<input checked="" type="checkbox"/>	Fireplace Insert	<input checked="" type="checkbox"/>				
Switches and Outlets				<input checked="" type="checkbox"/>	Air Cleaner	<input checked="" type="checkbox"/>				
Vent Fan(s)				<input checked="" type="checkbox"/>	Humidifier				<input checked="" type="checkbox"/>	
60/100/200 Amp Service (Circle one)				<input checked="" type="checkbox"/>	Propane Tank	<input checked="" type="checkbox"/>				
Generator	<input checked="" type="checkbox"/>				Other Heating Source	<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.

The information contained in this Disclosure has been furnished by the Seller, who certifies to the truth thereof, based on the Seller's CURRENT ACTUAL KNOWLEDGE. A disclosure form is not a warranty by the owner or the owner's agent, if any, and the disclosure form may not be used as a substitute for any inspections or warranties that the prospective buyer or owner may later obtain. At or before settlement, the owner is required to disclose any material change in the physical condition of the property or certify to the purchaser at settlement that the condition of the property is substantially the same as it was when the disclosure form was provided. Seller and Purchaser hereby acknowledge receipt of this Disclosure by signing below.

Signature of Seller <i>Debra Miller</i>	Date (mm/dd/yy) 11/29/13	Signature of Buyer	Date (mm/dd/yy)
Signature of Seller	Date (mm/dd/yy)	Signature of Buyer	Date (mm/dd/yy)

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

1333 Edinburgh Drive  
Carmel, 46033

2. ROOF	YES	NO	DO NOT KNOW	4. OTHER DISCLOSURES	YES	NO	DO NOT KNOW
Age, if known: <u>2</u> Years.				Do structures have aluminum wiring?		<input checked="" type="checkbox"/>	
Does the roof leak?		<input checked="" type="checkbox"/>		Are there any foundation problems with the structures?		<input checked="" type="checkbox"/>	
Is there present damage to the roof?			<input checked="" type="checkbox"/>	Are there any encroachments?		<input checked="" type="checkbox"/>	
Is there more than one roof on the house?		<input checked="" type="checkbox"/>		Are there any violations of zoning, building codes, or restrictive covenants?		<input checked="" type="checkbox"/>	
Is there more than one layer of shingles on the roof?		<input checked="" type="checkbox"/>		Is the present use a non-conforming use? Explain:		<input checked="" type="checkbox"/>	
If yes, how many layers? _____		<input checked="" type="checkbox"/>		Is the access to your property via a private road?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>3. HAZARDOUS CONDITIONS</b>	<b>YES</b>	<b>NO</b>	<b>DO NOT KNOW</b>	Is the access to your property via a public road?	<input checked="" type="checkbox"/>		
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 checked="" type="checkbox"/>		Is the access to your property via an easement?		<input checked="" type="checkbox"/>	
Explain:				Have you received any notices by any governmental or quasi-governmental agencies affecting this property?		<input checked="" type="checkbox"/>	
<b>E. ADDITIONAL COMMENTS AND/OR EXPLANATIONS:</b> (Use additional pages, if necessary)				Are there any structural problems with the building?		<input checked="" type="checkbox"/>	
<p><i>This is an estate property. Never lived in property</i></p>				Have any substantial additions or alterations been made without a required building permit?		<input checked="" type="checkbox"/>	
				Are there moisture and/or water problems in the basement, crawl space area, or any other area?		<input checked="" type="checkbox"/>	
				Is there any damage due to wind, flood, termites, or rodents?		<input checked="" type="checkbox"/>	
				Have any structures been treated for wood destroying insects?		<input checked="" type="checkbox"/>	
				Are the furnace/woodstove/chimney/flue all in working order?	<input checked="" type="checkbox"/>		
				Is the property in a flood plain?		<input checked="" type="checkbox"/>	
				Do you currently pay flood insurance?		<input checked="" type="checkbox"/>	
				Does the property contain underground storage tank(s)?		<input checked="" type="checkbox"/>	
				Is the homeowner a licensed real estate salesperson or broker?		<input checked="" type="checkbox"/>	
				Is there any threatened or existing litigation regarding the property?		<input checked="" type="checkbox"/>	
Is the property subject to covenants, conditions and/or restrictions of a homeowner's association?	<input checked="" type="checkbox"/>						
Is the property located within one (1) mile of an airport?			<input checked="" type="checkbox"/>				
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Signature of Seller		Date (mm/dd/yy)		Signature of Buyer		Date (mm/dd/yy)	
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Signature of Seller (at closing)		Date (mm/dd/yy)		Signature of Seller (at closing)		Date (mm/dd/yy)	



Form #03 IAR 2013

