Approved by and restricted to use by members of the Lafayette Regional Association of REALTORS® (Rev. 04/07) Date (month, day, year)



## SELLER'S RESIDENTIAL REAL ESTATE SALES DISCLOSURE



DISCLAIMER: Listing and Selling Brokers cannot comment upon or interpret any part of this Disclosure 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 to a prospective buyer before an offer is accepted for the sale of the real estate.

2601 Kickapoo Drive, Lafayette, IN 47909

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

| 4  | 771  | / 11  |       |     |     |     | Part .     | 1 11 1    |    |
|----|------|-------|-------|-----|-----|-----|------------|-----------|----|
| 7  | Ina  | talla | uma   | ara | ın  | tho | conditions | Indicator | ŀ  |
| ١. | 1110 | 10110 | MILIT | aic | 111 | HIL | conditions | Indicated | ١. |

| 1. The following are in the condit                                                                                                                                                                                                                                                                                                           | ions indicat      | ted:          |                  |                | · <u></u>                                                                                   |                      |                 |              |      |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|------------------|----------------|---------------------------------------------------------------------------------------------|----------------------|-----------------|--------------|------|----------------|
| A. APPLIANCES                                                                                                                                                                                                                                                                                                                                |                   | Defective     | Not              | Do Not         | C. WATER & SEWAGE                                                                           | None/Not<br>Included | Defective       | No           |      | Do Not<br>Know |
| 2 11 1 1 2                                                                                                                                                                                                                                                                                                                                   | Included          |               | Defective        | Know           | SYSTEM                                                                                      | included             |                 | Defe         | cuve | Know           |
| Built-in Vacuum System                                                                                                                                                                                                                                                                                                                       | 1                 |               |                  |                | Cistern                                                                                     |                      |                 |              |      |                |
| Clothes Dryer                                                                                                                                                                                                                                                                                                                                | V                 |               |                  |                | Septic Field / Bed                                                                          | سا                   |                 |              |      |                |
| Clothes Washer                                                                                                                                                                                                                                                                                                                               | /                 | 12000         | 1                |                | Septic and Holding Tank/Septic                                                              | V                    |                 |              |      |                |
| Dishwasher                                                                                                                                                                                                                                                                                                                                   |                   |               | V                |                | Mound                                                                                       |                      |                 |              |      |                |
| Disposal                                                                                                                                                                                                                                                                                                                                     |                   |               | V                |                | Hot Tub                                                                                     | <b>&gt;</b>          |                 |              |      |                |
| Freezer                                                                                                                                                                                                                                                                                                                                      |                   | 12            | V                |                | Plumbing                                                                                    |                      |                 | V            | 10   |                |
| Gas Grill                                                                                                                                                                                                                                                                                                                                    | V                 |               |                  |                | Aerator - System                                                                            |                      |                 |              |      |                |
| Hood                                                                                                                                                                                                                                                                                                                                         | (d)               |               | V                |                | Sump Pump                                                                                   | V                    |                 |              |      |                |
| Microwave Oven                                                                                                                                                                                                                                                                                                                               |                   |               | V                |                | Irrigation Systems                                                                          | V                    |                 |              |      |                |
| Oven                                                                                                                                                                                                                                                                                                                                         |                   |               | /                |                | Water Heater / Electric                                                                     | V                    |                 |              |      |                |
| Range                                                                                                                                                                                                                                                                                                                                        |                   |               | V.               |                | Water Heater / Gas                                                                          |                      |                 | V            |      |                |
| Refrigerator                                                                                                                                                                                                                                                                                                                                 |                   |               | /                |                | Water Heater / Solar                                                                        | 1                    |                 |              |      |                |
| Room Air Conditioner(s)                                                                                                                                                                                                                                                                                                                      |                   |               | -                |                | Water Purifier                                                                              | 1/                   |                 |              |      |                |
| Trash Compactor                                                                                                                                                                                                                                                                                                                              | 1                 |               | 4                |                | Water Softener                                                                              |                      |                 | v            | _    |                |
| TV Antenna / Dish                                                                                                                                                                                                                                                                                                                            | 3/                | i e           |                  | - 0            | Well                                                                                        | ./                   |                 | -            |      |                |
| Comments:                                                                                                                                                                                                                                                                                                                                    | V                 |               |                  |                | Other Sewer System (Explain)                                                                |                      |                 |              |      |                |
| Comments                                                                                                                                                                                                                                                                                                                                     |                   |               |                  |                | Other Sewer System (Explain)                                                                |                      |                 |              |      |                |
| -                                                                                                                                                                                                                                                                                                                                            |                   |               |                  |                |                                                                                             |                      |                 | Yes          | No   | Do Not<br>Know |
| B. ELECTRICAL SYSTEM                                                                                                                                                                                                                                                                                                                         | None/Not Included | Defective     | Not<br>Defective | Do Not<br>Know | Are the improvements connecte                                                               | d to a publi         | ic water        |              | ,    |                |
| Air Purifier                                                                                                                                                                                                                                                                                                                                 | 11101dddd         |               | DOIOGIIVO        | Tallott        | system?                                                                                     |                      |                 |              |      |                |
| Burglar Alarm                                                                                                                                                                                                                                                                                                                                | -                 |               |                  |                | Are the improvements connecte                                                               | d to a publi         | ic sewer        | V            | /    |                |
|                                                                                                                                                                                                                                                                                                                                              | V                 | :             |                  |                | system?                                                                                     |                      |                 |              |      |                |
| Ceiling Fan(s)                                                                                                                                                                                                                                                                                                                               | -                 |               | -/               |                |                                                                                             | d to a militar       | 1.1             |              |      |                |
| Door Bell / Chimes                                                                                                                                                                                                                                                                                                                           |                   |               | 1                |                | Are the improvements connecte                                                               | a to a priva         | ite/            |              | V    |                |
| Garage Door Opener / Controls                                                                                                                                                                                                                                                                                                                |                   |               | V                |                | community water system?                                                                     |                      |                 |              | -    |                |
| Inside Telephone Wiring and                                                                                                                                                                                                                                                                                                                  |                   |               | 1/               |                | Is your well shared with another                                                            | property of          | wner?           |              | V    |                |
| Blocks / Jacks                                                                                                                                                                                                                                                                                                                               | ·                 |               |                  |                | Are the improvements connecte                                                               |                      |                 |              |      | -              |
| Intercom                                                                                                                                                                                                                                                                                                                                     | 1                 |               |                  |                | community sewer system?                                                                     | a to a pitto         |                 |              | /    |                |
| Light Fixtures                                                                                                                                                                                                                                                                                                                               |                   |               | V                |                |                                                                                             |                      |                 |              | •    |                |
| Sauna                                                                                                                                                                                                                                                                                                                                        | V                 |               |                  |                | Are there any additions that may                                                            |                      |                 |              | V    |                |
| Smoke / Fire Alarm(s)                                                                                                                                                                                                                                                                                                                        |                   |               | V,               |                | improvements to the sewage dis                                                              | sposal syste         | em?             |              | V    |                |
| Switches and Outlets                                                                                                                                                                                                                                                                                                                         |                   |               | V                |                | If yes, have the improvements b                                                             | een compl            | eted on the     |              | 1    |                |
| Vent Fan(s)                                                                                                                                                                                                                                                                                                                                  |                   |               | V                |                | sewage disposal system?                                                                     |                      |                 |              | V    |                |
| Whirlpool Tub                                                                                                                                                                                                                                                                                                                                | V                 |               |                  |                |                                                                                             | tor property         | -0              | -            |      |                |
| 60/100/200 Amp Service (Circle                                                                                                                                                                                                                                                                                                               | one)              |               |                  |                | Have you had problems with wa                                                               |                      |                 |              | V    |                |
| Comments:                                                                                                                                                                                                                                                                                                                                    |                   |               | 9                |                | Have you had problems with se                                                               | otic system          | ?               |              | 1    |                |
|                                                                                                                                                                                                                                                                                                                                              |                   |               |                  |                | How deep is the well?                                                                       |                      |                 |              |      |                |
|                                                                                                                                                                                                                                                                                                                                              |                   |               |                  |                | Location of the well?                                                                       |                      |                 |              |      |                |
|                                                                                                                                                                                                                                                                                                                                              |                   |               |                  |                | Is the well dug or drilled?                                                                 |                      |                 |              |      |                |
| -                                                                                                                                                                                                                                                                                                                                            |                   |               | 99               |                | When was the septic last pumper                                                             | ed?                  | 360             |              |      |                |
|                                                                                                                                                                                                                                                                                                                                              |                   |               |                  |                |                                                                                             |                      |                 |              |      |                |
| 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. |                   |               |                  |                |                                                                                             |                      |                 |              |      |                |
|                                                                                                                                                                                                                                                                                                                                              |                   |               |                  |                |                                                                                             |                      |                 |              |      |                |
| Signature of Seller David Leegard                                                                                                                                                                                                                                                                                                            | ien.              |               | 3-12             | 15             | Signature of Buyer.                                                                         |                      |                 | Date:        |      |                |
| Signature of Seller: Amy Teegarden                                                                                                                                                                                                                                                                                                           | 11                |               | Date:            |                | Signature of Buyer:                                                                         |                      |                 | Det          | e: · |                |
| 11/11/1                                                                                                                                                                                                                                                                                                                                      | /                 |               | 3.12             | 15             | Oignature of Buyer.                                                                         |                      |                 | Date.        |      |                |
| The collect hereby sortifies that the co                                                                                                                                                                                                                                                                                                     | ndition of the    | proporty is s |                  |                | it was when the Seller's Diselector for                                                     | a was origina        | Illy provided t | to the Buyer |      |                |
| Signature of Seller:                                                                                                                                                                                                                                                                                                                         | nation of the     | property is s | Date:            | ne same a      | as it was when the Seller's Disclosure form was originally provided to Signature of Seller: |                      |                 | Date:        |      |                |
| Signature of oblief. Date.                                                                                                                                                                                                                                                                                                                   |                   |               |                  |                |                                                                                             |                      |                 |              |      |                |

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|------------------------------------------------------|-----------------|------------|----------------------------------------------|---------------------------------------|------------------|----------------------------------------------------------------------|-------|-------------|--------|--|--|
| D. HEATING & COOLING                                 | None/Not        | Detecti    |                                              | Not                                   | Do Not           | 5. OTHER DISCLOSURES                                                 | Yes   | No          | Do Not |  |  |
| SYSTEM                                               | Included        |            | De                                           | fective                               | Know             |                                                                      | Ĺ     |             | Know   |  |  |
| Attic Fan Pisconected                                |                 |            |                                              |                                       |                  | Do improvements have aluminum wiring?                                |       | Х           |        |  |  |
| Central Air Conditioning                             |                 |            | L_                                           | <del>X</del>                          |                  | Are there any foundation problems with the                           |       |             |        |  |  |
| Hot Water Heat                                       |                 |            |                                              | ソ                                     |                  | I I improvements?                                                    |       | X           |        |  |  |
| Furnace Heat / Gas                                   |                 |            |                                              | Ž                                     |                  | Are there any encroachments?                                         |       | ķ           |        |  |  |
| Furnace Heat / Electric                              | X               |            |                                              |                                       |                  | Are there any violations of zoning, building codes                   |       |             |        |  |  |
| Furnace Heat / Oil                                   | *               |            |                                              |                                       |                  | or restrictive covenants?                                            |       | X           |        |  |  |
| Solar House - Heating                                | X               |            |                                              |                                       |                  | Is the present use a non-conforming use? Explain:                    |       | J           |        |  |  |
| Woodburning Stove                                    | X               |            |                                              |                                       | i                |                                                                      |       | 1           |        |  |  |
| Fireplace                                            | ×               |            |                                              |                                       |                  | Have you received any notices by any governmental                    |       | 1           |        |  |  |
| Fireplace Insert                                     | X               |            |                                              |                                       |                  | or quasi-governmental agencies affecting this                        |       | ا ر ا       |        |  |  |
| Air Cleaner                                          | ×               |            |                                              |                                       |                  | property?                                                            |       | <b>y</b>    |        |  |  |
| Humidifier                                           |                 |            |                                              |                                       |                  | Are there any structural problems with the building?                 |       | X           |        |  |  |
| Propane Tank                                         | ×               |            |                                              |                                       |                  | Have any substantial additions or alterations been                   |       | ,           |        |  |  |
| Heat Pump                                            | Y               |            |                                              |                                       |                  | made without a required building permit?                             |       | 人           |        |  |  |
| Baseboard                                            | <u>አ</u>        |            |                                              |                                       |                  | Are there, or have there been, moisture and/or                       |       |             |        |  |  |
| Geo-Thermal                                          | ×               |            |                                              |                                       |                  | water problems in the basement, crawl space area,                    |       | ١, ١        |        |  |  |
| Radiant                                              | X               |            | $\top$                                       |                                       |                  | or any other area?                                                   |       |             |        |  |  |
| Other Heat Source                                    | 8               |            |                                              |                                       |                  | Is there any damage due to wind, flood, termites or                  |       |             |        |  |  |
| Do you own your fuel tank? Yes                       | No              | 7          |                                              |                                       |                  | rodents?                                                             |       | IХ          |        |  |  |
|                                                      |                 | <u> </u>   |                                              |                                       |                  | Have any improvements been treated for wood                          |       |             |        |  |  |
| 2. ROOF                                              |                 |            | Yes                                          | No                                    | Do Not           |                                                                      |       | IX I        |        |  |  |
| 2.11001                                              |                 |            | 163                                          | 110                                   | Know             | If so, when?                                                         |       |             |        |  |  |
| <u> </u>                                             |                 |            |                                              | ļ                                     | MIOW             | Is there a current service contract with an exterminato              | r2 Ye | <u>'</u>    | No X   |  |  |
|                                                      | Years.          |            |                                              | L.,                                   |                  | If so, company name and annual cost:                                 |       |             |        |  |  |
| Does the roof leak?                                  |                 |            |                                              | X                                     |                  |                                                                      |       |             |        |  |  |
| Is there present damage to the re                    | oof?            |            |                                              | 人                                     |                  | \$                                                                   |       |             |        |  |  |
| Is there more than one roof on the                   | <u>e house?</u> |            |                                              | トメ                                    |                  | Are the furnace/wood stove/chimney/flue all in                       | Х     | , 1         |        |  |  |
| If so, how many layers?                              |                 |            |                                              |                                       |                  | working order?                                                       | Λ.    |             |        |  |  |
| Comments: 124 1302                                   | ۷               | t/an       | <u>s                                    </u> | ral                                   | 1/2              | Is the property covered by hazard/homeowner                          | メ     | . 1         |        |  |  |
| Warrenty                                             |                 |            |                                              | _                                     |                  | insurance?                                                           | /\    |             |        |  |  |
|                                                      |                 |            |                                              |                                       |                  | To your knowledge, have there been losses or                         |       |             |        |  |  |
| L. LUELBRAUG GANDITIANA                              |                 |            | - T                                          |                                       | T                | claims related to the structure reported in the last 3               |       | K           |        |  |  |
| 3. HAZARDOUS CONDITIONS                              |                 |            | - Υ€                                         | s No                                  |                  |                                                                      |       | ,           |        |  |  |
|                                                      |                 |            |                                              |                                       | Know             | Is the property in a flood plain?                                    |       | X           |        |  |  |
| Have there been or are there any                     | , hazardoi      | ic         |                                              |                                       | <u> </u>         | Do you currently pay flood insurance?                                |       | X           |        |  |  |
| conditions on the property, such                     | as methar       | 260 01     |                                              |                                       |                  | Does the property contain underground storage                        |       | X           |        |  |  |
| lead paint, radon gas in the hous                    | a or wall       | io gas,    |                                              | ١,                                    |                  | tanks?                                                               |       |             |        |  |  |
| radioactive material, landfill, mineshaft, expansive |                 |            |                                              | 10                                    |                  | Is the homeowner a licensed real estate salesperson                  |       | X           |        |  |  |
| soil, toxic materials, mold, other biological        |                 |            |                                              |                                       | 1                | or broker?                                                           |       | <u> </u>    |        |  |  |
| contaminants, asbestos insulation or PCB's?          |                 |            |                                              |                                       |                  | Is there any threatened or existing litigation regarding             |       | X           |        |  |  |
| <b></b>                                              | II OI I OD C    | <b>,</b> ; |                                              | ŀ                                     | !                | the property?                                                        |       | $\triangle$ |        |  |  |
| Explain:                                             |                 |            |                                              |                                       |                  | Is the property located within one (1) mile of an                    |       | x l         |        |  |  |
|                                                      |                 |            |                                              |                                       |                  | airport?                                                             |       | $\Delta$    |        |  |  |
|                                                      |                 |            |                                              |                                       |                  | Is the property subject to covenants, conditions                     |       | χ           |        |  |  |
| 4. POOL INFORMATION                                  |                 |            |                                              |                                       |                  | and/or restrictions of a homeowner's association?                    |       | ,           |        |  |  |
| 4. POOL INFORMATION                                  |                 |            |                                              |                                       |                  | What is the association fee?                                         |       | Х           |        |  |  |
|                                                      |                 |            |                                              |                                       |                  | Is your driveway shared with a neighbor?                             |       | X           |        |  |  |
| Brand / Type Depth                                   |                 |            |                                              |                                       |                  | Is access to the property on a private road?                         |       | メ           |        |  |  |
| Age of Pool Age of Pump                              |                 |            |                                              |                                       |                  | Is there a shared maintenance expense?                               |       | 1           |        |  |  |
| Age of Fully Age of Fully                            |                 |            |                                              |                                       |                  | Is access to your property via a public road?                        | Χ     | 1           |        |  |  |
| Age of Liner # of Gallons                            |                 |            |                                              |                                       |                  | Is access to your property via an easement?                          |       | $\Lambda$   |        |  |  |
| Does all equipment that is staying                   | g tunction      | properly   | ? Yes                                        |                                       | If yes, explain: |                                                                      |       |             |        |  |  |
| Comments:                                            |                 |            |                                              | , , , , , , , , , , , , , , , , , , , |                  |                                                                      |       |             |        |  |  |
|                                                      |                 |            |                                              |                                       |                  |                                                                      |       |             |        |  |  |
| Signature of Seller: David Teegarden  Date: 3-12+5   |                 |            |                                              |                                       |                  | Signature of Buyer:                                                  | Date  | e:          |        |  |  |
| Signature of Seller: Amy Teegarden                   |                 |            |                                              | 3-10                                  | 175              |                                                                      |       |             |        |  |  |
| Signature of Seller: Amy Teegarden   D               |                 |            |                                              | ate:                                  |                  | Signature of Buyer:                                                  | Date  | ə:          |        |  |  |
| May Sugar 3.12-15                                    |                 |            |                                              |                                       |                  | -                                                                    |       |             |        |  |  |
| The seller hereby certifies that the con             | dition of the   | property   | s subs                                       | antially                              | the same a       | s it was when the Seller's Disclosure form was originally provided t |       |             |        |  |  |
| Signature of Seller:                                 |                 |            | D                                            | ate:                                  |                  | Signature of Seller:                                                 | Date  | a:          |        |  |  |
|                                                      |                 |            | - 1                                          |                                       |                  | t                                                                    | 1     |             |        |  |  |

| E. ADDITIONAL COMMENTS, EXPLANATIONS OR UPDATES: (Use additional pages if necessary).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                      |                     |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------|---------------------|--|--|--|--|--|--|
| New roof, Siding,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | JuHers,                                                                                 | with transferable 1                                  | varenty.            |  |  |  |  |  |  |
| High effences ac a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nd furner                                                                               | nce. Top of the lie                                  | ne w/               |  |  |  |  |  |  |
| Fransteralle Warent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del>/</del>                                                                            |                                                      |                     |  |  |  |  |  |  |
| Prorate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tiee o                                                                                  | any thing is wrong the                               | ey leplac           |  |  |  |  |  |  |
| Siding is insulated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                      |                     |  |  |  |  |  |  |
| 11PW Water Softner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and we                                                                                  | iter heater.                                         | 1                   |  |  |  |  |  |  |
| New amish made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Shed                                                                                    |                                                      |                     |  |  |  |  |  |  |
| And all Appliances S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amish made Kitchen Calenets all Wood. Flooring, Calinits, and all Appliances 8 yrs old. |                                                      |                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,<br>                                                                                   |                                                      |                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         | - A Filtrans                                         |                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                       |                                                      |                     |  |  |  |  |  |  |
| 44444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                      |                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         | **************************************               |                     |  |  |  |  |  |  |
| 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  David Teegarden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date 3-12-15                                                                            | Signature of Buyer                                   | Date                |  |  |  |  |  |  |
| Signature of Seller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                                                                    | Signature of Buyer                                   | Date                |  |  |  |  |  |  |
| Amy Téegarden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3-12-15                                                                                 |                                                      |                     |  |  |  |  |  |  |
| The seller hereby certifies that the condition of the p provided to the Buyer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | roperty is substanti                                                                    | ally the same as it was when the Seller's Disclosure | form was originally |  |  |  |  |  |  |
| Signature of Seller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                                                                    | Signature of Seller                                  | Date                |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |                                                      |                     |  |  |  |  |  |  |

(Indiana Real Estate Commission; 876 IAC 1-4-2)