



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.

2719 Brewster Lane, Lafayette, IN 47909

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

1. The following are in the conditions indicated:

A. APPLIANCES	None/Not Included	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"/>	
Comments:				

B. ELECTRICAL SYSTEM	None/Not Included	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"/>	
Door Bell / Chimes			<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"/>	
Whirlpool Tub	<input checked="" type="checkbox"/>			
60/100/200 Amp Service (Circle one)				
Comments:				

C. WATER & SEWAGE SYSTEM	None/Not Included	Defective	Not Defective	Do Not Know	
Cistern	<input checked="" type="checkbox"/>				
Septic Field / Bed	<input checked="" type="checkbox"/>				
Septic and Holding Tank/Septic Mound	<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			<input checked="" type="checkbox"/>		
Water Heater / Solar	<input checked="" type="checkbox"/>				
Water Purifier	<input checked="" type="checkbox"/>				
Water Softener	<input checked="" type="checkbox"/>				
Well	<input checked="" type="checkbox"/>				
Other Sewer System (Explain)					
			Yes	No	Do Not Know
Are the improvements connected to a public water system?			<input checked="" type="checkbox"/>		
Are the improvements connected to a public sewer system?			<input checked="" type="checkbox"/>		
Are the improvements connected to a private/community water system?				<input checked="" type="checkbox"/>	
Is your well shared with another property owner?					
Are the improvements connected to a private/community sewer system?					
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?					
Have you had problems with water pressure?				<input checked="" type="checkbox"/>	
Have you had problems with septic system?					
How deep is the well? _____					
Location of the well? _____					
Is the well dug or drilled? _____					
When was the septic last pumped? _____					

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: <i>Jessica Lewis</i>	Date: 3-22-15	Signature of Buyer:	Date:
Signature of Seller: <i>Justin Lewis</i>	Date: 3/22-15	Signature of Buyer:	Date:
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:	Date:	Signature of Seller:	Date:

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D. HEATING & COOLING SYSTEM	None/Not Included	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			<input checked="" type="checkbox"/>	
Furnace Heat / Electric	<input checked="" type="checkbox"/>			
Furnace Heat / Oil	<input checked="" type="checkbox"/>			
Solar House - Heating	<input checked="" type="checkbox"/>			
Woodburning Stove	<input checked="" type="checkbox"/>			
Fireplace	<input checked="" type="checkbox"/>			
Fireplace Insert	<input checked="" type="checkbox"/>			
Air Cleaner	<input checked="" type="checkbox"/>			
Humidifier	<input checked="" type="checkbox"/>			
Propane Tank	<input checked="" type="checkbox"/>			
Heat Pump	<input checked="" type="checkbox"/>			
Baseboard	<input checked="" type="checkbox"/>			
Geo-Thermal	<input checked="" type="checkbox"/>			
Radiant	<input checked="" type="checkbox"/>			
Other Heat Source	<input checked="" type="checkbox"/>			
Do you own your fuel tank? Yes <input type="checkbox"/> No <input type="checkbox"/>				

2. ROOF	Yes	No	Do Not Know
Age, if known: <u>11</u> Years.			
Does the roof leak?		<input checked="" type="checkbox"/>	
Is there present damage to the roof?		<input checked="" type="checkbox"/>	
Is there more than one roof on the house?		<input checked="" type="checkbox"/>	
If so, how many layers?			
Comments: _____			

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 the house or well, radioactive material, landfill, mineshaft, expansive soil, toxic materials, mold, other biological contaminants, asbestos insulation or PCB's?		<input checked="" type="checkbox"/>	
Explain: _____			

4. POOL INFORMATION
Brand / Type _____ Depth _____
Age of Pool _____ Age of Pump _____
Age of Liner _____ # of Gallons _____
Does all equipment that is staying function properly? Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: _____

5. OTHER DISCLOSURES	Yes	No	Do Not Know
Do improvements have aluminum wiring?		<input checked="" type="checkbox"/>	
Are there any foundation problems with the improvements?		<input checked="" type="checkbox"/>	
Are there any encroachments?		<input checked="" type="checkbox"/>	
Are there any violations of zoning, building codes or restrictive covenants?		<input checked="" type="checkbox"/>	
Is the present use a non-conforming use? Explain: _____		<input checked="" type="checkbox"/>	
Have you received any notices by any governmental or quasi-governmental agencies affecting this property?		<input checked="" type="checkbox"/>	
Are there any structural problems with the building?		<input checked="" type="checkbox"/>	
Have any substantial additions or alterations been made without a required building permit?		<input checked="" type="checkbox"/>	
Are there, or have there been, 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 improvements been treated for wood destroying insects?		<input checked="" type="checkbox"/>	
If so, when? _____			
Is there a current service contract with an exterminator? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If so, company name and annual cost: _____ \$ _____			
Are the furnace/wood stove/chimney/flue all in working order?		<input checked="" type="checkbox"/>	
Is the property covered by hazard/homeowner insurance?	<input checked="" type="checkbox"/>		
To your knowledge, have there been losses or claims related to the structure reported in the last 3 years?		<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 tanks?		<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 located within one (1) mile of an airport?		<input checked="" type="checkbox"/>	
Is the property subject to covenants, conditions and/or restrictions of a homeowner's association?	<input checked="" type="checkbox"/>		
What is the association fee? <u>200/yr</u>	<input checked="" type="checkbox"/>		
Is your driveway shared with a neighbor?		<input checked="" type="checkbox"/>	
Is access to the property on a private road?		<input checked="" type="checkbox"/>	
Is there a shared maintenance expense?		<input checked="" type="checkbox"/>	
Is access to your property via a public road?	<input checked="" type="checkbox"/>		
Is access to your property via an easement?		<input checked="" type="checkbox"/>	
If yes, explain: _____			

Signature of Seller: <u>Jessica Lewis</u>	Date: <u>3-22-15</u>	Signature of Buyer:	Date:
Signature of Seller: <u>Justin Lewis</u>	Date: <u>3-22-15</u>	Signature of Buyer:	Date:
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