



## 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 the form to a prospective buyer before an offer is accepted for the sale of the real estate.

**6305 Jackson Highway, West Lafayette, IN 47906**

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

1. The following are in the conditions indicated:

A. APPLIANCES	None/Not Included/Rented	Defective	Not Defective	Do Not Know
Built-in Vacuum System	X			
Clothes Dryer			X	
Clothes Washer			X	
Dishwasher			X	
Disposal	X			
Freezer	X			
Gas Grill	X			
Hood			X	
Microwave Oven			X	
Oven			X	
Range			X	
Refrigerator				
Room Air Conditioner(s)	X			
Trash Compactor	X			
TV Antenna / Dish	X			
Other:				
<u>2 Sets washer and Dryer</u>				

B. ELECTRICAL SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know
Air Purifier	X			
Burglar Alarm	X			
Ceiling Fan(s)			X	
Door Bell / Chimes			X	
Garage Door Opener / Controls	X			
Inside Telephone Wiring and Blocks / Jacks			X	
Intercom	X			
Light Fixtures			X	
Sauna	X			
Smoke / Fire Alarm(s)			X	
Switches and Outlets			X	
Vent Fan(s)			X	
Whirlpool Tub			X	
Generator	X			
60/100/200 Amp Service (Circle one)				
Comments:				

C. WATER & SEWAGE SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know	
Cistern	X				
Septic Field / Bed			X		
Septic and Holding Tank/Septic Mound			X		
Hot Tub	X				
Plumbing			X		
Aerator System	X				
Sump Pump			X		
Irrigation Systems	X				
Water Heater / Electric	X				
Water Heater / Gas			X		
Water Heater / Solar	X				
Water Purifier	X				
Water Softener			X		
Well			X		
Other Sewer System (Explain)					
			Yes	No	Do Not Know
Are the structures connected to a public water system?				X	
Are the structures connected to a public sewer system?				X	
Are the structures connected to a private/community water system?				X	
Is your well shared with another property owner?				X	
Are the structures connected to a private/community sewer system?				X	
Are there any additions that may require improvements to the sewage disposal system?				X	
If yes, have the improvements been completed on the sewage disposal system?					
Have you had problems with water pressure?				X	
Have you had problems with septic system?				X	
How deep is the well? <u>88'</u>					
Location of the well? <u>South of Driveway</u>					
Is the well dug or drilled? <u>Drilled</u>					
When was the septic last pumped? <u>4/2008</u>					

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: <u>David Stout</u>	Date: <u>3-16-15</u>	Signature of Buyer:	Date:
Signature of Seller: <u>Stephanie Stout</u>	Date: <u>3-16-15</u>	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 (at closing)	Date:	Signature of Seller (at closing)	Date:

D. HEATING & COOLING SYSTEM	None/Not Included/Rented	Defective	Not Defective	Do Not Know
Attic Fan	<input checked="" type="checkbox"/>			
Central Air Conditioning			<input checked="" type="checkbox"/>	
Hot Water Heat - Boiler	<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 Heating Source	<input checked="" type="checkbox"/>			
Do you own your fuel tank? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

2. ROOF	Yes	No	Do Not Know
Age, if known: _____ 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 layer of shingles on the house?	<input checked="" type="checkbox"/>		
If yes, how many layers? <u>2</u>			
Other Roof Material: _____			

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"/>	
Is there contamination caused by the manufacture of a controlled substance on the property that has not been certified as decontaminated by an inspector approved under IC 13-14-1-15?		<input checked="" type="checkbox"/>	
Has there been manufacture of methamphetamine or dumping of waste from the manufacture of methamphetamine in a residential structure on the property?		<input checked="" type="checkbox"/>	
Explain: _____			

4. POOL INFORMATION
<i>None</i>
Brand / Type _____ Depth _____
Age of Pool _____ Age of Pump _____
Age of Liner _____ # of Gallons _____
Does the pool & all equipment that is staying function properly? Yes ___ No ___ Comments: _____

5. OTHER DISCLOSURES	Yes	No	Do Not Know
Do structures have aluminum wiring?		<input checked="" type="checkbox"/>	
Are there any foundation problems with the structures?		<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? <i>part 1st floor</i>		<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 the presence of wood destroying insects? If so, when? _____		<input checked="" type="checkbox"/>	
Is there a current service contract with an exterminator? Yes ___ 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 tank(s)?		<input checked="" type="checkbox"/>	
Is the homeowner a licensed real estate 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"/>		

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