



SALES DISCLOSURE FORM

State Form 46021 (R14 / 1-23)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5

| | | |
|--------|------|-----------|
| SDF ID | | |
| County | Year | Unique ID |

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3. Do NOT place personally identifiable information (e.g. consulate numbers, passport numbers; government ID numbers, etc.) on this form as it may become publicly available.

NOTE: All questions must be answered to the best of the individual's ability. If the question does not apply, write "N/A" in the space provided. If the information requested is unknown, leave the space provided blank. Failure to provide a response for the italicized fields shall not result in the rejection of the underlying conveyance document by local officials.

INSTRUCTIONS: For additional information on how to complete this form, see the Sales Disclosure Form Instructions.

PART 1 – To be completed by BUYER/GRANTEE and SELLER/GRANTOR
A. PROPERTY TRANSFERRED – Must be conveyed on a single conveyance document (Additional contiguous properties can be listed on Page 5.)

| 1. Parcel Number or Tax Identification Number | Check all boxes applicable to parcel. | 5. Complete Address of Property | 6. Complete Tax Billing Address (if different from property address) |
|---|--|---------------------------------|--|
| A.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | | |

7. Legal Description of Parcel:

B. CONDITIONS – Check only those that apply.

| | |
|--|--|
| If condition 1 applies, filer is subject to disclosure and a disclosure filing fee. YES NO CONDITION <input type="checkbox"/> <input type="checkbox"/> 1. A transfer of real property interest for valuable consideration. <input type="checkbox"/> <input type="checkbox"/> 2. Buyer is an adjacent property owner. <input type="checkbox"/> <input type="checkbox"/> 3. Vacant land (No structures on land) <input type="checkbox"/> <input type="checkbox"/> 4. Exchange for other real property ("Trade") Parcel Number of traded property: _____ <input type="checkbox"/> <input type="checkbox"/> 5. Land contract. Contract term (YYYY-YYYY): _____ Contract date (MM/DD/YYYY): _____ <input type="checkbox"/> <input type="checkbox"/> 6. Partial interest. Describe: _____ _____ _____ | YES NO CONDITION <input type="checkbox"/> <input type="checkbox"/> 7. Easements or right-of-way grants. (Please note that: (i) public utility/governmental easements; or (ii) rights-of-way that do not transfer fee simple; do not require a sales disclosure form. See the instructions for more information.) <hr/> If conditions 8-10 apply, filers are subject to disclosure, but not to the disclosure filing fee. <input type="checkbox"/> <input type="checkbox"/> 8. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, eminent domain, or probate. <input type="checkbox"/> <input type="checkbox"/> 9. Documents involving the partition of land between tenants in common, joint tenants, or tenants by entirety. <input type="checkbox"/> <input type="checkbox"/> 10. Transfer to a charity, not-for-profit organization, or governmental entity or agency. |
|--|--|

C. TRANSACTION DETAILS – Complete only those that apply.

| | | | | | |
|--|---|---|--|--|--|
| YES NO CONDITION <input type="checkbox"/> <input type="checkbox"/> 1. Sheriff Sale or Tax Sale <input type="checkbox"/> <input type="checkbox"/> 2. Short Sale <input type="checkbox"/> <input type="checkbox"/> 3. Quitclaim Deed <input type="checkbox"/> <input type="checkbox"/> 4. Auction 5. Other: _____ _____ _____ _____ | YES NO 6. Transaction includes multiple Sales Disclosure Forms? <input type="checkbox"/> <input type="checkbox"/> SDF Form _____ of _____ 7. Date conveyance document signed (MM/DD/YYYY): _____ 8. Approximate number of days property was on the market: _____ 9. Total number of parcels on this disclosure: _____ (If there is more than one (1) parcel, see Page 5.) 10. Select the type(s) of property below and fill out corresponding page(s). Check all that apply. | | | | |
| | <table border="1"> <tr> <td><input type="checkbox"/> Residential (Complete Page 2, Sec. D-E)</td> <td><input type="checkbox"/> Agricultural (Complete Page 2, Sec. D-E)</td> </tr> <tr> <td><input type="checkbox"/> Commercial (Complete Page 2, Sec. F-G)</td> <td><input type="checkbox"/> Industrial (Complete Page 2, Sec. F-G)</td> </tr> </table> | <input type="checkbox"/> Residential (Complete Page 2, Sec. D-E) | <input type="checkbox"/> Agricultural (Complete Page 2, Sec. D-E) | <input type="checkbox"/> Commercial (Complete Page 2, Sec. F-G) | <input type="checkbox"/> Industrial (Complete Page 2, Sec. F-G) |
| <input type="checkbox"/> Residential (Complete Page 2, Sec. D-E) | <input type="checkbox"/> Agricultural (Complete Page 2, Sec. D-E) | | | | |
| <input type="checkbox"/> Commercial (Complete Page 2, Sec. F-G) | <input type="checkbox"/> Industrial (Complete Page 2, Sec. F-G) | | | | |

RESIDENTIAL OR AGRICULTURAL PROPERTY

| | | |
|--|--------------------------|--|
| D. SALES DATA – Complete only those that apply. | | |
| <input type="checkbox"/> Information contained in question 3 is confidential and non-disclosable under IC § 5-14-3-4 | | |
| YES | NO | CONDITION |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Changes to the property between Jan. 1 and sale date? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Property is a residential rental property. |
| | | 3. Planned use of the property? Describe: _____ _____ |
| E. FINANCE DATA – Complete only those that apply. | | |
| 1. Sales Price: _____ 2. Personal Property included in transfer. Amount: _____ 3. Seller paid points/closing costs. Amount: _____ 4. Existence of family or business relationship between the buyer and the seller. Amount of discount (if any): \$ _____ 5. Describe any less-than-complete ownership interest and terms of seller financing. _____ | | YES NO CONDITION <input type="checkbox"/> <input type="checkbox"/> 6. Is the seller financing the sale? (If yes, answer questions 7-8) <input type="checkbox"/> <input type="checkbox"/> 7. Is buyer/borrower personally liable for loan? <input type="checkbox"/> <input type="checkbox"/> 8. Is this a mortgage loan? <input type="checkbox"/> <input type="checkbox"/> 9. Was an appraisal done? |

COMMERCIAL OR INDUSTRIAL PROPERTY

| | | |
|--|--------------------------|---|
| F. SALES DATA – Complete only those that apply. | | |
| <input type="checkbox"/> Information contained in question 3 is confidential and non-disclosable under IC § 5-14-3-4. | | |
| YES | NO | CONDITION |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Changes to the property between Jan. 1 and sale date? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Property is a residential rental property. |
| | | 3. Planned use of the property? Describe: _____ _____ |
| G. FINANCE DATA – Complete only those that apply. | | |
| <input type="checkbox"/> Information contained in questions 2-13 is confidential and non-disclosable under IC § 5-14-3-4 and IC § 6-1.1-35-9 | | |
| 1. Sales price. Amount: _____ Check only those conditions that apply. | | 9. How was the sale financed? (Check any that apply.) <input type="checkbox"/> All Cash <input type="checkbox"/> Seller Financing <input type="checkbox"/> Construction Loan <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Sale Leaseback <input type="checkbox"/> Small Business Loan |
| YES | NO | CONDITION |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Sale price included an existing business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Sale price included a liquor license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Transaction was part of a portfolio sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Any part of the property was leased at time of sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Sale included property receiving an abatement? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Appraisal was completed for the sale? Appraisal Value \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Sale included property in a Tax Increment Finance (TIF) District? |
| | | 10. How was property marketed? <input type="checkbox"/> Word of mouth <input type="checkbox"/> List with broker <input type="checkbox"/> For sale sign <input type="checkbox"/> Buyer approached |
| | | 11. Special Circumstances? (Check any that apply.) <input type="checkbox"/> Sale between same business entity <input type="checkbox"/> Sale in lieu of foreclosure <input type="checkbox"/> Sold at auction <input type="checkbox"/> Trade of equipment or services <input type="checkbox"/> Sale of partial interest |
| | | 12. Value of personal property included: \$ _____ |
| | | 13. Value of intangible personal property included: \$ _____ |

RELIGIOUS USE PROPERTY TAX EXEMPTION

| | | |
|--|--------------------------|--------------------------|
| Is the property being transferred going to continue to be used by a church or religious society for the same property tax exempt purposes provided by IC 6-1.1-10-21(e)? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

| H. PREPARER | | | |
|--|------------------------------|---|--|
| Preparer of the Sales Disclosure Form | | Title | |
| Company | | Email Address | Telephone Number () |
| Address (number and street, city, state, country, and ZIP Code) | | | |
| I. SELLER(S)/GRANTOR(S) | | | |
| Seller 1 – Name as it appears on conveyance document | | Seller 2 – Name as appears on conveyance document | |
| Address (number and street) | | Address (number and street) | |
| City, State, and ZIP Code | | City, State, and ZIP Code | |
| Country | | Country | |
| Email Address | Telephone Number () | Email Address | Telephone Number () |
| Under penalties of perjury, I hereby certify this Sales Disclosure, to the best of my knowledge and belief, is true, correct, and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5. A person who knowingly and intentionally falsifies the value of transferred real property, or omits or falsifies any information required to be provided, commits a Level 5 felony. | | | |
| Signature of Seller | | Signature of Seller | |
| Printed Name of Seller | Date Signed (mm/dd/yyyy) | Printed Name of Seller | Date Signed (mm/dd/yyyy) |
| J. BUYER(S)/GRANTEE(S) – APPLICATION FOR PROPERTY TAX DEDUCTIONS – IDENTIFY ALL THAT APPLY | | | |
| Buyer 1 – Name as it appears on conveyance document | | Buyer 2 – Name as it appears on conveyance document | |
| Address (number and street) | | Address (number and street) | |
| City, State, and ZIP Code | | City, State, and ZIP Code | |
| Country | | Country | |
| Email Address | Telephone Number () | Email Address | Telephone Number () |
| Pursuant to IC 6-1.1-12-44, the Sales Disclosure Form may be used to apply for certain deductions. Identify all of those that apply: | | | |
| YES | NO | CONDITION | YES NO CONDITION |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will this property be the buyer's primary residence? | <input type="checkbox"/> <input type="checkbox"/> 3. Homestead |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the buyer have a homestead to be vacated for this residence? If yes, provide address: | <input type="checkbox"/> <input type="checkbox"/> 4. Solar Energy Heating or Cooling System |
| Address (number and street) | | <input type="checkbox"/> <input type="checkbox"/> 5. Wind Power Device | |
| City, State, and ZIP Code | | <input type="checkbox"/> <input type="checkbox"/> 6. Hydroelectric Power Device | |
| County | | <input type="checkbox"/> <input type="checkbox"/> 7. Geothermal Energy Heating or Cooling Device | |
| Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct, and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5. A person who knowingly and intentionally falsifies the value of transferred real property, or omits or falsifies any information required to be provided, commits a Level 5 felony. (Note: Both spouse's information, SSN/Driver's License/ID/Other Number is necessary only if a Homestead Deduction is being filed.) | | | |
| Signature of Buyer 1 | | Signature of Buyer 2/Spouse | |
| Printed Legal Name of Buyer 1 | Sign Date (MM/DD/YY) | Printed Legal Name of Buyer 2/Spouse | Sign Date (MM/DD/YY) |
| Last 5 Digits of Buyer 1 SSN/Driver's License/ID/Other Number | | Last 5 Digits of Buyer 2/Spouse SSN/Driver's License/ID/Other Number | |

PART 2 – COUNTY ASSESSOR

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending it to the auditor:

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|------------------------------------|--|-----------------------------|---|------------|-----------|------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--|--------------------------------|--|--|-------|--|--|--------------------------------------|--|--|-------|--|--|
| | 1. Property (Parcel Number) | 2. AV of Land | 3. AV of Improvement | 4. Value of Depreciable Personal Property | | | | | | | | | | | | | | | | | | | | | |
| A.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. AV Total | 6. Property Class Code | 7. Neighborhood Code | 8. Tax District | | | | | | | | | | | | | | | | | | | | | |
| A.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessor Stamp | | 10. Identify physical changes to property between the assessment date and the date of sale: _____ _____ _____ _____ _____ | | <table border="0"> <tr> <td>YES</td> <td>NO</td> <td>CONDITION</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11. Is form completed?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12. State sales disclosure fee required?</td> </tr> <tr> <td colspan="3">13. Date of Sale (mm/dd/yyyy):</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td colspan="3">14. Date Form Received (mm/dd/yyyy):</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table> | YES | NO | CONDITION | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is form completed? | <input type="checkbox"/> | <input type="checkbox"/> | 12. State sales disclosure fee required? | 13. Date of Sale (mm/dd/yyyy): | | | _____ | | | 14. Date Form Received (mm/dd/yyyy): | | | _____ | | |
| YES | NO | CONDITION | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is form completed? | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. State sales disclosure fee required? | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Date of Sale (mm/dd/yyyy): | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Date Form Received (mm/dd/yyyy): | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | |

Items 15 through 18 are to be completed by the assessor when validating this sale:

| | | | | | | | | | | | | | | | | |
|--|---|----------------------------------|-----------|------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|----------------------------------|-------------------|--|--|-------|--|--|
| 15. If applicable, identify any additional special circumstances relating to validation of sale: _____ _____ _____ _____ | <table border="0"> <tr> <td>YES</td> <td>NO</td> <td>CONDITION</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>16. Sale valid for trending?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>17. Validation of sale complete?</td> </tr> <tr> <td colspan="3">18. Validated by:</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table> | YES | NO | CONDITION | <input type="checkbox"/> | <input type="checkbox"/> | 16. Sale valid for trending? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Validation of sale complete? | 18. Validated by: | | | _____ | | |
| YES | NO | CONDITION | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Sale valid for trending? | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Validation of sale complete? | | | | | | | | | | | | | | |
| 18. Validated by: | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | |

PART 3 – COUNTY AUDITOR

| | | | | | | | | | | | | | | |
|--------------------------|--|--|------------|-----------|------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| Auditor Stamp | 1. State Sales Disclosure Fee Amount Collected: \$ _____ 2. Other Local Fee: \$ _____ 3. Total Fee Collected: \$ _____ 4. Auditor Receipt Book Number: _____ 5. Date of Transfer (mm/dd/yyyy): _____ | <table border="0"> <tr> <td>YES</td> <td>NO</td> <td>CONDITION</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6. Is form completed?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7. Is state sales disclosure fee collected?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8. Attachments complete?</td> </tr> </table> | YES | NO | CONDITION | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is form completed? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is state sales disclosure fee collected? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Attachments complete? |
| YES | NO | CONDITION | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is form completed? | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is state sales disclosure fee collected? | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Attachments complete? | | | | | | | | | | | | |

PART 4 – RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION

| | | | |
|--|-----------------------|--|-------------------|
| SDF ID | SDF Date (mm/dd/yyyy) | Buyer 1 – Name as appears on conveyance document | |
| Parcel Number | | Address of Property (number and street) | |
| Check those deductions for which the individual has applied: <input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal | | City, State, and ZIP Code of Property | |
| | | Auditor Signature | Date (mm/dd/yyyy) |

A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form, commits a Level 5 felony.



SALES DISCLOSURE PART 1(A)

State Form 55632 (R / 1-21)

| | | | |
|--------|--|--|--|
| SDF ID | | | |
|--------|--|--|--|

County Year Unique ID

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3. Do NOT place personally identifiable information (e.g. consulate numbers, passport numbers; government ID numbers, etc.) on this form as it may become publicly available.

PART 1 – To be completed by BUYER/GRANTEE and SELLER/GRANTOR
A. PROPERTY TRANSFERRED – Must be conveyed on a single conveyance document.
 (Multiple parcels can be listed on this form and attached to State Form 46021 only if they are contiguous and located entirely within a single taxing district.)

| 1. Parcel Number or Tax Identification Number | Check all boxes applicable to parcel. | 5. Complete Address of Property | 6. Complete Tax Billing Address (if different from property address) |
|---|--|---------------------------------|--|
| B.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | | |
| 7. Legal Description of Parcel B: | | | |
| C.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | | |
| 7. Legal Description of Parcel C: | | | |
| D.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | | |
| 7. Legal Description of Parcel D: | | | |
| E.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | | |
| 7. Legal Description of Parcel E: | | | |
| F.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | | |
| 7. Legal Description of Parcel F: | | | |
| G.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | | |
| 7. Legal Description of Parcel G: | | | |
| H.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | | |
| 7. Legal Description of Parcel H: | | | |