



# SELLER'S RESIDENTIAL REAL ESTATE SALES DISCLOSURE

State Form 46234 (R8 / 7-25)

Date (month, day, year)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**9748 Greentree Drive, Carmel, IN 46032**

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 following information is not the representations of the real estate broker, if any. The form applies to residential real estate and purchases. Also, 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. IC 32-21-5-1(b) states that this form is **not** required for:

1. Transfers ordered by a court, including transfers:
  - A. in the administration of an estate;
  - B. by foreclosure sale;
  - C. by a trustee in bankruptcy;
  - D. by eminent domain;
  - E. from a decree of specific performance;
  - F. from a decree of divorce; or
  - G. from a property settlement agreement.
2. Transfers by a mortgagee who has acquired the real estate at a sale conducted under a foreclosure decree or who has acquired the real estate by a deed in lieu of foreclosure.
3. Transfers by a fiduciary in the course of the administration of the decedent's estate, guardianship, conservatorship, or trust.
4. Transfers made from at least one (1) co-owner solely to at least one (1) other co-owner.
5. Transfers made solely to any combination of a spouse or an individual in the lineal line of consanguinity of at least one (1) of the transferors.
6. Transfers made because of the record owner's failure to pay any federal, state, or local taxes.
7. Transfers to or from any governmental entity.
8. Transfers involving the first sale of a dwelling that has not been inhabited.
9. Transfers to a living trust.

**Purpose of Disclosure Form:** Completion of this form shall satisfy the requirements of IC 32-21-5-7 that mandates the seller's disclosure of conditions relevant to the listed property. This disclosure is based on the Seller's current knowledge of the property's conditions and the improvements thereon, however that knowledge was gained. This disclosure form shall not be a warranty by the Seller and shall not be used as a substitute for an inspection or warranty that the purchaser may wish to obtain. This form is a statement of the conditions and other information about the property known by the Seller. 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 part of any contract between the Buyer and the Seller. The Seller 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 property. The Buyer is encouraged to obtain his or her own professional inspections of this property. A Buyer may not invalidate a real estate transaction or a contract to purchase real estate due to the Buyer's failure to sign a Seller's disclosure form that has been received or acknowledged by the Buyer.

**Instructions to the Seller(s):** (1) Answer every question truthfully. (2) Report all known conditions affecting the property, regardless of how you know about them or when you learned. (3) Attach additional pages, if necessary, with your signature and the date and time of signing. (4) Complete this form yourself. (5) If an item does not apply to your property or is rented, mark "not applicable/rented." (6) If you truthfully do not know the answer to a question, mark "unknown." (7) If you learn any fact prior to closing that changes one or more of your answers to this form after you have completed and submitted it, immediately notify any potential buyer of the change in writing.

**NOTE: "Defect" means a condition that would have a significant adverse effect on the value of the property, that would significantly impair the health or safety of future occupants of the property, or that if not repaired, removed or replaced would significantly shorten or adversely affect the expected normal life of the premises.**

The information contained in this Disclosure has been furnished by the Seller, who certifies to the truth thereof, based on the Seller's **CURRENT ACTUAL KNOWLEDGE**. A disclosure form is not a warranty by the owner or the owner's broker, 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<br><i>Anthony C Deardorff</i> | Date (mm / dd / yyyy)<br>10/20/2026 | Signature of Buyer | Date (mm / dd / yyyy) |
| Signature of Seller                               | Date (mm / dd / yyyy)               | Signature of Buyer | Date (mm / dd / yyyy) |

**The Seller hereby certifies that the condition of the property is substantially the same as it was when the Seller's Disclosure form was originally provided to the Buyer.**

|                                  |                       |                                  |                       |
|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Signature of Seller (at closing) | Date (mm / dd / yyyy) | Signature of Seller (at closing) | Date (mm / dd / yyyy) |
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9748 Greentree Drive, Carmel, IN 46032

| 1. The following are in the conditions indicated:                                                         |                                  |                                  |                                  |                                  |                                                                                      |                                  |           |                                  |         |                                  |
|-----------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------------------------------|----------------------------------|-----------|----------------------------------|---------|----------------------------------|
| A. APPLIANCES                                                                                             | Not Applicable / Rented          | Defective                        | Not Defective                    | Unknown                          | C. WATER & SEWER SYSTEM                                                              | Not Applicable / Rented          | Defective | Not Defective                    | Unknown |                                  |
| Built-in Vacuum System                                                                                    | <input checked="" type="radio"/> |                                  |                                  |                                  | Cistern                                                                              | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Clothes Dryer                                                                                             |                                  | <input checked="" type="radio"/> |                                  |                                  | Septic Field / Bed                                                                   | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Clothes Washer                                                                                            |                                  |                                  | <input checked="" type="radio"/> |                                  | Septic & Holding Tank / Septic Mound                                                 | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Dishwasher                                                                                                |                                  |                                  | <input checked="" type="radio"/> |                                  | Hot Tub                                                                              | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Disposal                                                                                                  |                                  |                                  | <input checked="" type="radio"/> |                                  | Plumbing                                                                             |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Freezer                                                                                                   |                                  |                                  | <input checked="" type="radio"/> |                                  | Aerator System                                                                       | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Gas Grill                                                                                                 | <input checked="" type="radio"/> |                                  |                                  |                                  | Sump Pump                                                                            |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Hood                                                                                                      |                                  |                                  | <input checked="" type="radio"/> |                                  | Irrigation Systems                                                                   | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Microwave Oven                                                                                            |                                  |                                  | <input checked="" type="radio"/> |                                  | Water Heater / Electric                                                              |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Oven                                                                                                      |                                  |                                  | <input checked="" type="radio"/> |                                  | Water Heater / Gas                                                                   | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Range                                                                                                     |                                  |                                  | <input checked="" type="radio"/> |                                  | Water Heater / Solar                                                                 | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Refrigerator                                                                                              |                                  |                                  | <input checked="" type="radio"/> |                                  | Water Purifier                                                                       | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Room Air Conditioner(s)                                                                                   |                                  |                                  | <input checked="" type="radio"/> |                                  | Water Softener                                                                       |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Trash Compactor                                                                                           | <input checked="" type="radio"/> |                                  |                                  |                                  | Well                                                                                 | <input checked="" type="radio"/> |           |                                  |         |                                  |
| TV Antenna / Dish                                                                                         | <input checked="" type="radio"/> |                                  |                                  |                                  | Geothermal and Heat Pump                                                             | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Other:                                                                                                    |                                  |                                  |                                  | <input checked="" type="radio"/> | Other Sewer System (Explain)                                                         |                                  |           | <input checked="" type="radio"/> |         |                                  |
| B. ELECTRICAL SYSTEM                                                                                      | Not Applicable / Rented          | Defective                        | Not Defective                    | Unknown                          | Swimming Pool & Pool Equipment                                                       | <input checked="" type="radio"/> |           |                                  |         |                                  |
| Security Systems(s)                                                                                       | <input checked="" type="radio"/> |                                  |                                  |                                  |                                                                                      |                                  |           | Yes                              | No      | Unknown                          |
| Ceiling Fan(s)                                                                                            |                                  |                                  | <input checked="" type="radio"/> |                                  | Are the structures connected to a public water system?                               |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Garage Door Opener / Controls                                                                             |                                  |                                  | <input checked="" type="radio"/> |                                  | Are the structures connected to a public sewer system?                               |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Inside Telephone Wiring and Blocks / Jacks                                                                | <input checked="" type="radio"/> |                                  |                                  |                                  | Are there any additions that may require improvements to the sewage disposal system? |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Light Fixtures                                                                                            |                                  |                                  | <input checked="" type="radio"/> |                                  | If yes, have the improvements been completed on the sewage disposal system?          |                                  |           |                                  |         | <input checked="" type="radio"/> |
| Sauna                                                                                                     | <input checked="" type="radio"/> |                                  |                                  |                                  | Are the structure(s) connected to a private / community water system?                |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Smoke / Fire Alarms                                                                                       |                                  |                                  | <input checked="" type="radio"/> |                                  | Are the structure(s) connected to a private / community sewer system?                |                                  |           | <input checked="" type="radio"/> |         |                                  |
| Carbon Monoxide Detectors                                                                                 | <input checked="" type="radio"/> |                                  |                                  |                                  |                                                                                      |                                  |           |                                  |         |                                  |
| Switches and Outlets                                                                                      |                                  |                                  | <input checked="" type="radio"/> |                                  |                                                                                      |                                  |           |                                  |         |                                  |
| Vent Fan(s)                                                                                               |                                  |                                  | <input checked="" type="radio"/> |                                  |                                                                                      |                                  |           |                                  |         |                                  |
| <input type="checkbox"/> 60 <input type="checkbox"/> 100 <input checked="" type="radio"/> 200 Amp Service |                                  |                                  | <input checked="" type="radio"/> |                                  |                                                                                      |                                  |           |                                  |         |                                  |
| Generator                                                                                                 | <input checked="" type="radio"/> |                                  |                                  |                                  |                                                                                      |                                  |           |                                  |         |                                  |

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|                                                                                                                                                                            |                                     |                                  |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|-----------------------|
| Signature of Seller<br><i>Anthony C Deardorff</i>                                                                                                                          | Date (mm / dd / yyyy)<br>10/20/2026 | Signature of Buyer               | Date (mm / dd / yyyy) |
| Signature of Seller                                                                                                                                                        | Date (mm / dd / yyyy)               | Signature of Buyer               | Date (mm / dd / yyyy) |
| The Seller hereby certifies that the condition of the property is substantially the same as it was when the Seller's Disclosure form was originally provided to the Buyer. |                                     |                                  |                       |
| Signature of Seller (at closing)                                                                                                                                           | Date (mm / dd / yyyy)               | Signature of Seller (at closing) | Date (mm / dd / yyyy) |

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| D. HEATING & COOLING SYSTEM                                                                                                                                                                                                                                                         | Not Applicable / Rented          | Defective                        | Not Defective                    | Unknown                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Attic Fan                                                                                                                                                                                                                                                                           |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Boiler / Radiator                                                                                                                                                                                                                                                                   | <input checked="" type="radio"/> |                                  |                                  |                                  |
| Central Air Conditioning                                                                                                                                                                                                                                                            |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Electric Heat Pump                                                                                                                                                                                                                                                                  |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Furnace Heat / Gas                                                                                                                                                                                                                                                                  | <input checked="" type="radio"/> |                                  |                                  |                                  |
| Furnace Heat / Electric                                                                                                                                                                                                                                                             |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Geothermal                                                                                                                                                                                                                                                                          | <input checked="" type="radio"/> |                                  |                                  |                                  |
| Solar House-Heating                                                                                                                                                                                                                                                                 | <input checked="" type="radio"/> |                                  |                                  |                                  |
| Woodburning Stove                                                                                                                                                                                                                                                                   | <input checked="" type="radio"/> |                                  |                                  |                                  |
| Fireplace                                                                                                                                                                                                                                                                           |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Fireplace Insert                                                                                                                                                                                                                                                                    |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Air Cleaner                                                                                                                                                                                                                                                                         |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Humidifier                                                                                                                                                                                                                                                                          |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Propane Tank                                                                                                                                                                                                                                                                        | <input checked="" type="radio"/> |                                  |                                  |                                  |
| Other Heating Source                                                                                                                                                                                                                                                                | <input checked="" type="radio"/> |                                  |                                  |                                  |
| <b>2. ROOF</b>                                                                                                                                                                                                                                                                      |                                  | <b>Yes</b>                       | <b>No</b>                        | <b>Unknown</b>                   |
| Age, if known: _____ Years.                                                                                                                                                                                                                                                         |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Does the roof leak?                                                                                                                                                                                                                                                                 |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Is there present damage to the roof?                                                                                                                                                                                                                                                |                                  |                                  | <input checked="" type="radio"/> |                                  |
| Is there more than one layer of shingles on the house?                                                                                                                                                                                                                              |                                  |                                  |                                  | <input checked="" type="radio"/> |
| If yes, how many layers? _____                                                                                                                                                                                                                                                      |                                  |                                  |                                  | <input checked="" type="radio"/> |
| <b>3. WATER HEATER</b>                                                                                                                                                                                                                                                              |                                  | <input checked="" type="radio"/> |                                  |                                  |
| Age, if known: _____ Years.                                                                                                                                                                                                                                                         |                                  |                                  |                                  |                                  |
| <b>4. FURNACE</b>                                                                                                                                                                                                                                                                   |                                  | <input checked="" type="radio"/> |                                  |                                  |
| Age, if known: _____ Years.                                                                                                                                                                                                                                                         |                                  |                                  |                                  |                                  |
| <b>5. CENTRAL AIR CONDITIONING</b>                                                                                                                                                                                                                                                  |                                  | <input checked="" type="radio"/> |                                  |                                  |
| Age, if known: _____ Years.                                                                                                                                                                                                                                                         |                                  |                                  |                                  |                                  |
| <b>6. HAZARDOUS CONDITIONS</b>                                                                                                                                                                                                                                                      |                                  | <b>Yes</b>                       | <b>No</b>                        | <b>Unknown</b>                   |
| Have there been or are there any hazardous conditions on the property, such as methane gas, lead paint, radon gas in house or well, radioactive material, landfill, mineshaft, expansive soil, toxic materials, mold, other biological contaminants, asbestos insulation, or PCB's? |                                  |                                  | <input checked="" type="radio"/> |                                  |
| 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 15-19-3.1?                                                                                               |                                  |                                  | <input checked="" type="radio"/> |                                  |
| 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="radio"/> |                                  |
| Explain:                                                                                                                                                                                                                                                                            |                                  |                                  |                                  |                                  |

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| Signature of Seller                               | Date (mm / dd / yyyy)               | Signature of Buyer | Date (mm / dd / yyyy) |

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| 7. OTHER DISCLOSURES                                                                                                                                                                                                                                                                                                                                  | Yes                              | No                               | Unknown                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Do structures have aluminum wiring?                                                                                                                                                                                                                                                                                                                   |                                  | <input checked="" type="radio"/> |                                  |
| Are there any foundation problems with the structures?                                                                                                                                                                                                                                                                                                |                                  | <input checked="" type="radio"/> |                                  |
| Are there any encroachments?                                                                                                                                                                                                                                                                                                                          |                                  | <input checked="" type="radio"/> |                                  |
| Are there any violations of zoning, building codes, or restrictive covenants?                                                                                                                                                                                                                                                                         |                                  | <input checked="" type="radio"/> |                                  |
| Does the property have a shared driveway with another property?                                                                                                                                                                                                                                                                                       |                                  | <input checked="" type="radio"/> |                                  |
| Is the property subject to covenants, conditions and / or restrictions of a homeowner's association?                                                                                                                                                                                                                                                  |                                  | <input checked="" type="radio"/> |                                  |
| Is the property subject to a homeowner's association assessment? If yes, what is the current amount? _____                                                                                                                                                                                                                                            |                                  | <input checked="" type="radio"/> |                                  |
| Is this property located within a locally designated historic district under IC 36-7-11?                                                                                                                                                                                                                                                              |                                  | <input checked="" type="radio"/> |                                  |
| Is the present use a non-conforming use? Explain:                                                                                                                                                                                                                                                                                                     |                                  |                                  | <input checked="" type="radio"/> |
| Is the access to your property via a private road?                                                                                                                                                                                                                                                                                                    |                                  | <input checked="" type="radio"/> |                                  |
| Is the access to your property via a public road?                                                                                                                                                                                                                                                                                                     | <input checked="" type="radio"/> |                                  |                                  |
| Is the access to your property via an easement?                                                                                                                                                                                                                                                                                                       |                                  | <input checked="" type="radio"/> |                                  |
| Have you received any notices by any governmental or quasi-governmental agencies affecting this property?                                                                                                                                                                                                                                             |                                  | <input checked="" type="radio"/> |                                  |
| Are there any structural problems with the building?                                                                                                                                                                                                                                                                                                  |                                  | <input checked="" type="radio"/> |                                  |
| Have any substantial additions or alterations been made without a required building permit?                                                                                                                                                                                                                                                           |                                  | <input checked="" type="radio"/> |                                  |
| Are there moisture and/or water problems in the basement, crawl space area, or any other area?                                                                                                                                                                                                                                                        |                                  | <input checked="" type="radio"/> |                                  |
| Is there any damage due to wind, flood, termites or rodents?                                                                                                                                                                                                                                                                                          |                                  | <input checked="" type="radio"/> |                                  |
| Have any structures been treated for wood destroying insects?                                                                                                                                                                                                                                                                                         | <input checked="" type="radio"/> |                                  |                                  |
| Is the property or a portion of the property located within a community's flood plain boundaries, as indicated in a Federal Emergency Management Agency Flood Insurance Rate Map? See <a href="https://msc.fema.gov/portal/home">https://msc.fema.gov/portal/home</a> .                                                                               |                                  | <input checked="" type="radio"/> |                                  |
| Do you currently pay flood insurance?                                                                                                                                                                                                                                                                                                                 |                                  | <input checked="" type="radio"/> |                                  |
| Is the property located near a military installation, within a state area of interest ((as defined in IC 36-7-30.2-6) and may be impacted to some degree by the effects of the installation's military operations? If yes, local laws may restrict use and development of the property to promote compatibility with military installation operation. |                                  | <input checked="" type="radio"/> |                                  |
| Does the property contain underground storage tank(s)?                                                                                                                                                                                                                                                                                                |                                  | <input checked="" type="radio"/> |                                  |
| Is the homeowner a licensed real estate broker?                                                                                                                                                                                                                                                                                                       |                                  | <input checked="" type="radio"/> |                                  |
| Is there any threatened or existing litigation regarding the property?                                                                                                                                                                                                                                                                                |                                  | <input checked="" type="radio"/> |                                  |
| Is the Owner subject to the Foreign Investment in Real Property Tax Act? See <a href="http://www.irs.gov/publications/p515/index.html">http://www.irs.gov/publications/p515/index.html</a> .                                                                                                                                                          |                                  | <input checked="" type="radio"/> |                                  |
| Is the property located within one (1) mile of an airport?                                                                                                                                                                                                                                                                                            |                                  | <input checked="" type="radio"/> |                                  |
| Is the property subject to a conservation easement as defined in IC 32-23-5-2?                                                                                                                                                                                                                                                                        |                                  | <input checked="" type="radio"/> |                                  |

## 8. ADDITIONAL COMMENTS AND/OR EXPLANATIONS:

(Use additional pages and attach, if necessary)

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| Signature of Seller                                                                                                                                                        | Date (mm / dd / yyyy)               | Signature of Buyer               | Date (mm / dd / yyyy) |
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| Signature of Seller (at closing)                                                                                                                                           | Date (mm / dd / yyyy)               | Signature of Seller (at closing) | Date (mm / dd / yyyy) |