

Parcel Information can be obtained from the
Property Record Card to answer Part 1 .



SALES DISCLOSURE FORM
State Form 46021 (R9/7-09)

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

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(d).

SDF ID

County	Year	Unique ID
SDF Date: _____		

PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR

A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT

1. Property Number	Check box if 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 A:

B.)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement		Date of Sale
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7. Legal Description of Parcel B:

B. CONDITIONS - IDENTIFY ALL 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.
<input type="checkbox"/>	<input type="checkbox"/>	4. Exchange for other real property ("Trade").
<input type="checkbox"/>	<input type="checkbox"/>	5. Seller paid points. (Provide the value Table C Item 12.)
<input type="checkbox"/>	<input type="checkbox"/>	6. Change planned in the primary use of the property? (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input type="checkbox"/>	7. Existence of family or business relationship between buyer and seller. (Complete Table C Item 4.)
<input type="checkbox"/>	<input type="checkbox"/>	8. Land contract. Contract term (yr): _____ and contract date (MM/DD/YYYY): _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Personal property included in transfer. (Provide the value Table C Item 5.)
<input type="checkbox"/>	<input type="checkbox"/>	10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input type="checkbox"/>	11. Partial interest. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input type="checkbox"/>	12. Easements or right-of-way grants.

If conditions 13-15 apply, filers are subject to disclosure, but no disclosure filing fee.

YES	NO	CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15

1. Conveyance date (MM/DD/YYYY): _____

2. Total number of parcels: _____

3. Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

Dollar Amount of Items including but not limited to: ATV's, Appliances, Furniture, boats, etc.

YES	NO	CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	4. Family or business relationship existing between buyer and seller? Amount of discount: \$ _____ Disclose actual value in money, property, a service, an agreement, or other consideration.

5. Estimated value of personal property:	\$ _____
6. Sales price:	\$ _____

YES	NO	CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	7. Is the seller financing sale? If yes, answer questions (8-13).
<input type="checkbox"/>	<input type="checkbox"/>	8. Is buyer/borrower personally liable for loan?
<input type="checkbox"/>	<input type="checkbox"/>	9. Is this a mortgage loan?
10. Amount of loan:		\$ _____
11. Interest rate:		% _____
12. Amount in points:		\$ _____
13. Amortization period:		_____

Make
Sure to
Answer
all Ques-
tions in
Section B.

Must Be Signed By At
Least One Seller

This Question is in Regards to the Home-
stead Exemption filed in the Auditor's
Office

INDIANA SALES DISCLOSURE FORM		SDF ID: _____		Page 2	
D. PREPARER					
Preparer of the Sales Disclosure Form			Title		
Address (Number and Street)			Company		
City, State, and ZIP Code			Telephone Number		E-mail
E. SELLER(S)/GRANTOR(S)					
Seller 1 - Name as 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		
Telephone Number			E-mail		Telephone Number
E-mail			E-mail		
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, "Real Property Sales Disclosure Act".					
Signature of Seller			Signature of Seller		
Printed Name of Seller			Sign Date (MM/DD/YYYY)		Printed Name of Seller
Sign Date (MM/DD/YYYY)			Sign Date (MM/DD/YYYY)		
F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS- IDENTIFY ALL ITEMS THAT APPLY					
Buyer 1 - Name as appears on conveyance document			Buyer 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		
Telephone Number			E-mail		Telephone Number
E-mail			E-mail		
THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. 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? Provide complete address of primary residence, including county:	<input type="checkbox"/>	<input type="checkbox"/>	3. Homestead
Address (Number and Street)			<input type="checkbox"/>	<input type="checkbox"/>	4. Solar Energy Heating/Cooling System
City, State ZIP Code			<input type="checkbox"/>	<input type="checkbox"/>	5. Wind Power Device
County			<input type="checkbox"/>	<input type="checkbox"/>	6. Hydroelectric Power Device
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:	<input type="checkbox"/>	<input type="checkbox"/>	7. Geothermal Energy Heating/Cooling Device
Address (Number and Street)			<input type="checkbox"/>	<input type="checkbox"/>	8. Is this property a residential rental property?
City, State ZIP Code			<input type="checkbox"/>	<input type="checkbox"/>	9. Would you like to receive tax statements for the property via e-mail? (Provide contact information below. Please see instructions for more information. Not available in all counties.)
County			Primary property owner contact name		
E-mail			E-mail		
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, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)					
Signature of Buyer 1			Signature of Buyer 2/Spouse		
Printed Legal Name of Buyer 1			Sign Date (MM/DD/YYYY)		Printed Legal Name of Buyer 2/Spouse
Sign Date (MM/DD/YYYY)			Sign Date (MM/DD/YYYY)		
Last 5 digits of Buyer 1 Driver's License/ID/Other Number			State		Last 5 Digits of Social Security Number
Last 5 Digits of Social Security Number			State		Last 5 Digits of Social Security Number

Emailed Tax
Statements are
Not Available in
Kosciusko
County

Must Be Signed By at
Least One Buyer

Last Five Digits of Buyer's State License/ID/Other Number and Social Security Number Must Be Filled out for the Homestead Exemption filed in the Auditor's Office

For Assessor Office Use Only

INDIANA SALES DISCLOSURE FORM

SDF ID: _____

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PART 2 - COUNTY ASSESSOR								
The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:								
1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A.)								
B.)								
Assessor Stamp			10. Identify physical changes to property between March 1 and date of sale. _____ _____ _____ _____ _____			YES	NO	CONDITION
						<input type="checkbox"/> <input type="checkbox"/> 11. Is form completed?		
						<input type="checkbox"/> <input type="checkbox"/> 12. State sales 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. _____ _____ _____ _____ _____ _____						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. Disclosure fee amount collected: \$ _____ 2. Other Local Fee: \$ _____ 3. Total Fee Collected: \$ _____ 4. Auditor receipt book number: _____ 5. Date of transfer (MM/DD/YYYY): _____			YES	NO	CONDITION
						<input type="checkbox"/> <input type="checkbox"/> 6. Is form completed?		
						<input type="checkbox"/> <input type="checkbox"/> 7. Is state 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 all that apply:		City, State, and ZIP Code of Property
<input type="checkbox"/> Homestead	<input type="checkbox"/> Solar Energy	<input type="checkbox"/> Wind Power
<input type="checkbox"/> Hydroelectric	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Rental Property
<input type="checkbox"/> Electronic Statement (e-mail)		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 Class C felony.		

For Auditor
Office Use
Only

Buyer's Receipt for Homestead Exemption
Filled in the Auditor's Office